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**HEALTH SYSTEM SUPPORT
CONCEPT OF OPERATIONS (CONOPS)**

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EXECUTIVE SUMMARY

For the last several years, the Military Health System (MHS) has pursued organizational transformation in concert with the Department of Defense (DoD). In October 2009, the MHS developed the Health Readiness (HR) Concept of Operations (CONOPS) which clearly defines health and health-related capabilities required to execute the DoD HR mission. The HR CONOPS provides a framework for analysis of existing and future health and health-related capabilities required to deliver effective and efficient health services across the range of military operations. It enables the DoD leadership to assess these capabilities and MHS priorities within the context of an integrated, comprehensive MHS and ensure appropriate consideration is given during risk trade-off discussions in the Planning, Programming, Budgeting and Execution (PPBES) process.

The Health System Support (HSS) CONOPS is one of three concept documents supporting the overarching HR CONOPS by describing how DoD medical capabilities are organized and synchronized to support the MHS mission. It provides a common vision for the performance of health care administrative and support-related functions necessary to sustain and continuously enhance MHS mission effectiveness. It complements and enables the companion CONOPS for Force Health Protection (FHP) and Health Service Delivery (HSD) by describing the specialized functions that enable the MHS to operate as an integrated system of systems to sustain and protect the health and effectiveness of the human component of the American military in peace and war.

The HSS CONOPS supports the health capability framework established in the HR CONOPS and serves to specify how the MHS provides support to the health and health care needs of Joint Force Commanders and the Military Services. It builds upon strategic guidance including the Task Force on the Future of Military Health Care, the 2005 BRAC legislation and applicable recommendations stemming from the seven commissions related to the care of our returning wounded, ill and injured service members. It creates an executable vision for significantly improving MHS interoperability and mission effectiveness. The HSS CONOPS will support follow-on Capabilities Based Assessments (CBAs) to validate mission and capability requirements, assess risks and develop recommendations for possible materiel and non-materiel solutions to capability shortfalls.

The strategic construct of this concept, as developed in **Chapter 1**, describes the HSS CONOPS as providing the framework to –

- Identify a set of health system support capabilities.
- Improve integrated HSS capabilities that support the mission elements and outcomes of the 2008 MHS Strategic Plan.
- Support the revision of the current Joint Force Health Protection (JFHP) CONOPS and development of the HSD CONOPS in concert within one HR strategy.

Chapter 2 presents emerging challenges and from these challenges presents a problem statement. The MHS needs to solve the basic military medical challenge of how to more effectively ensure HSS for a joint force that will operate in a complex and diverse operational

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environment and collaborate with other organizations, agencies, nations and cultures. The HSS Military Problem Statement is described as follows:

The MHS must ensure that it functions as a fully integrated system to effectively and efficiently respond to rapidly changing economic conditions, missions, beneficiary demographics, technologies and health education and research.

The future challenges of providing effective and efficient HR capabilities to the DoD will require an MHS with the ability to organize and execute key supporting capabilities that are focused on the requirements of an integrated and interdependent DoD medical system.

Chapter 3 introduces HSS capabilities as enablers necessary to optimize HSD and FHP to create a fully integrated health system and provide medical support to all beneficiaries in the context of the four mission elements of the MHS Strategic Plan: Casualty Care and Humanitarian Assistance; Healthy, Fit and Protected Force; Healthy and Resilient Individuals, Families and Communities; and Education, Research and Performance Improvement.

Chapter 4 describes capabilities that enhance HSS in ten functional areas: Health Services Contract Development, Health Services Contract Management, Partnership Development, Total Medical Force (Medical Professionals), Joint and Service Medical Education and Training, Medical Financial Management, Medical Information Management, Create and Sustain the Healing Environment, Medical Logistics, and Medical Research and Development. Supported capability areas include FHP and HSD.

Chapter 5 presents the strategy for implementing this concept. Effective HSS implementation sets the stage for new and existing HSS capabilities entry into the formal Joint Capabilities Integration and Development System (JCIDS) process. HSS will enable the definition of specific transformation investments among capabilities that address risk areas identified in both the 2006 and 2010 Quadrennial Defense Reviews (QDR) and future Departmental reviews addressing HR or HSS.

In conclusion, this HSS CONOPS provides the framework necessary to support rigorous assessment and analysis of health system support-related capabilities through CBA process to reach appropriate materiel and non-materiel solutions as part of the broader DoD JCIDS effort. It is a key component, in conjunction with the FHP and HSD CONOPS, supporting the overarching HR CONOPS in guiding combatant commanders and medical communities in the development and employment of HR solutions.

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1.0 CHAPTER 1. STRATEGIC CONSTRUCT

“Since 1993, when I last served in government, the defense budget actually has taken a smaller relative share of our national wealth, while the world has gotten more complicated and, arguably, more dangerous. The resources we devote to defense should be at the level to adequately meet the challenges of the global strategic environment the United States faces today”.¹

Secretary of Defense Robert M. Gates

In order to help defend and advance our national interests, the DoD balances resources and risks among four priority objectives: to prevail in today’s wars, to prevent and deter conflict, to prepare to defeat adversaries and succeed in a wide range of contingencies, and to preserve and enhance the All-Volunteer Force. These priorities shape not only considerations on the capabilities our Armed Forces need but also the aggregate capacity required to accomplish their missions now and in the future. “The approach to achieving them must evolve and adapt in response to a changing security environment.”²

The HR CONOPS defined HSS as the ability to perform health care administrative and support-related functions to sustain and continuously enhance MHS mission effectiveness through focused development of people, technology, infrastructure and joint organizational culture. It also includes activities associated with health services contract development, health services contract management, and partnership development among health service organizations outside the DoD. The approved HR CONOPS provides the framework for HR transformation in support of the four priority objectives above and identifies the HR capabilities necessary to sustain and protect the health and effectiveness of the human component of the American military. HR focuses on four integrated MHS mission elements:

- Casualty Care and Humanitarian Assistance
- Healthy, Fit and Protected Force
- Healthy and Resilient Individuals, Families and Communities
- Education, Research and Performance Improvement

These mission elements are accomplished through significantly enhanced MHS interoperability and new capabilities described within the three component CONOPS of HR: FHP, HSD and HSS. The HSS component enables both FHP and HSD, integrates the four MHS mission elements, and will help the MHS achieve the Quadruple Aim strategic construct.

1.1 Purpose

This HSS CONOPS will support rigorous assessment and analysis of HSS related capability gaps and inefficiencies through a CBA process to reach appropriate materiel and non-materiel solutions as part of the broader DoD JCIDS effort.

This HSS CONOPS provides the analytic framework to—

¹ The Secretary of Defense Robert M. Gates. DoD News Briefing with Secretary Gates and Under Secretary Jonas from the Pentagon. 5 February 2007.

² Quadrennial Defense Review Report, p. v. February 2010.

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- Identify a set of health system support related capabilities.
- Inform efforts to improve integrated HSS capabilities within the context of the four mission elements and related mission outcomes described in the HSD CONOPS, FHP CONOPS and the MHS Strategic Plan.

1.2 SCOPE

The HSS CONOPS broadly describes the integrated life cycle management of capabilities that support and continuously improve health service delivery and force health protection as one HR strategy through 2016 and beyond. It examines future warfighting context and the description of how the future joint force will operate as described in the Capstone Concept for Joint Operations (CCJO) (January 2009) and describes future associated medical capability requirements. It presents risks and implications as they apply to operations worldwide. HSS capabilities support joint operations in conjunction with interagency and multinational partners, intergovernmental organizations (IGO) and/or non-government organizations (NGO).

The HSS CONOPS envisions military operations conducted in accordance with the National Defense Strategy (NDS), incorporating all instruments of national power. It further focuses on describing current HSS capabilities and is applicable to geographic and functional combatant commands (COCOM), Military Services, defense agencies, and joint staff for concept development and experimentation. The HSS CONOPS integrates the FHP, HSD, and the four mission elements described in the 2008 MHS Strategic Plan that drive the overall HR strategy. It considers recommendations of the Task Force on the Future of Military Health care; the 2005 base realignment and closure (BRAC); recommendations from the National Defense Authorization Act (NDAA) of 2008 related to the care of our wounded, ill and injured; and Service-specific missions.

The essential attributes of this HSS CONOPS are as follows:

- Must address the four MHS mission elements and related mission outcomes as described in the 2008 MHS Strategic Plan.
- Must acknowledge service-unique medical missions and capabilities relative to the three integrating JFHP, HSD, and this HSS CONOPS.
- Must consider MHS dimensions across the full range of military operations and be developed in accordance with key elements of Joint Integrating Concepts outlined in Chairman of the Joint Chiefs of Staff Manual (CJCSM) 3010.02C, *Manual for Joint Concept Development and Experimentation* and *Manual for the Operation of the Joint Capabilities Integration and Development System (JCIDS)* (February 2009, Updated 31 July 2009).

1.3 CONTEXT

“The Military Health System (MHS) is uniquely different from any other health care system. The MHS delivers preventive medicine, disease management, treatment, rehabilitation, public health, dental care, medical research, and a host of other services too numerous to list, in virtually every possible environmental condition around the globe. For many of these services, there is no civilian comparison.”

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The MHS works to enhance its deployable medical capability, the medical readiness of the force, and homeland defense by effectively focusing on products, processes, and services. We strive to anticipate the needs of Commanders and Service members and respond with innovative solutions, new opportunities, and high performance services and especially to ensure that wounded warriors receive the best possible care, treatment, and support. Achieving these goals is challenging due to stress on the medical force as a result of continuing operations, a growing and aging patient population, and higher than anticipated medical cost growth.

The MHS augments care at military treatment facilities with the TRICARE health benefit. TRICARE provides eligible beneficiaries with access to a global network of private-sector health care providers, hospitals, and pharmacies. The MHS provides a world-class health benefit at a reasonable cost to the Department. We continue to see demand for TRICARE benefits grow, with a commensurate increase in the associated costs.”³

The Assistant Secretary of Defense for Health Affairs (ASD (HA)) serves as program manager for all DoD health and medical resources. As such, the ASD (HA) will exercise authority, direction, and control over the DoD medical and dental personnel authorizations and policy, facilities, programs, funding, and other resources in the DoD.⁴

The 2008 MHS Strategic Plan reflects the MHS response to guidance provided by the Secretary of Defense’s (SECDEF’s) Independent Review Group, The President’s Commission on Care for America’s Returning Wounded Warriors, the Task Force on the Future of Military Health Care, the DoD Task Force on Mental Health and other thoughtful studies.⁵

The 2008 MHS Strategic Plan provides a platform for increased collaboration with the Department of Veterans Affairs (VA) and civilian partners to improve coordinated care for wounded warriors and all whom we have the honor to serve. It defines the MHS mission as follows: “Our team provides optimal Health Services in support of our nation’s military mission—anytime, anywhere.”⁶

The MHS has the ability to provide a continuum of health services across the four basic categories of military activity. This is contingent on the ability to create and sustain a healthy, fit and protected force. It accomplishes this mission through the four major mission elements outlined in the 2008 MHS Strategic Plan: Casualty Care and Humanitarian Assistance; Healthy, Fit and Protected Force; Healthy and Resilient Individuals, Families and Communities; and Education, Research and Performance Improvement.

³ Statement by Ms. Ellen Embrey performing the duties of the Assistant Secretary of Defense for Health Affairs regarding the Military Health System: budget overview before the House Committee on Appropriations Subcommittee on Defense. 21 May 2009.

⁴ Department of Defense Directive (DoDD) 5136.01, p 3. 4 June 2008.

⁵ The Military Health System Strategic Plan, p 1. 2008.

⁶ The Military Health System Strategic Plan, p 2. 2008.

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Each MHS mission element is interdependent and cannot exist alone. Chapter 3 describes the mission elements in detail and identifies the HSS capabilities and their mutually supporting nature, as illustrated in Tables 3-2 through 3-5 and briefly described as follows:

- An integrated and responsive research methodology and education and training system must have the capacity to achieve improvements in operational care and evacuation. Supporting HSS capabilities include, but are not limited to: Joint and Service Medical Education and Training, Medical Research and Development, Medical Logistics, Health Services Contract Development and Medical Information Management.
- The most critical aspect of the system is to produce health care providers and medical materiel of the quality needed for an anytime, anywhere mission. Supporting HSS capabilities include, but are not limited to: Total Medical Force, Medical Logistics, Medical Financial Management and Joint and Service Medical Education and Training.
- Sustaining the quality of these health care providers cannot occur without a uniformed base and beneficiary platform that produces healthy individuals, families and communities. Supporting HSS capabilities include, but are not limited to: Health Services Contract Development, Partnership Development and Create and Sustain the Healing Environment.
- Continually sustain the health care infrastructure and medical technology required to provide the level of care deserved by military beneficiaries. Supporting HSS capabilities include, but are not limited to: Medical Information Management, Medical Research and Development, Medical Logistics and Create and Sustain the Healing Environment.
- The continuum of health services must include, when necessary, an effortless transition with the VA, civilian health care and other providers. Supporting HSS capabilities include, but are not limited to: Medical Information Management, Partnership Development and Health Services Contract Development and Management.

1.4 ASSUMPTIONS

The HSS CONOPS is based on the following assumptions.

- Success across the four basic categories of military activity depends on support of a single MHS mission with four independent but integrated mission elements.
- The MHS will follow strategies to support medical transformation as described in the 2006 and 2010 QDR.
- Recommendations outlined in Action Memorandum for the Deputy Secretary of Defense (DepSecDef), SUBJ: Joint/Unified Medical Command Way Ahead, 27 November 2006 (listed below) remain relevant:

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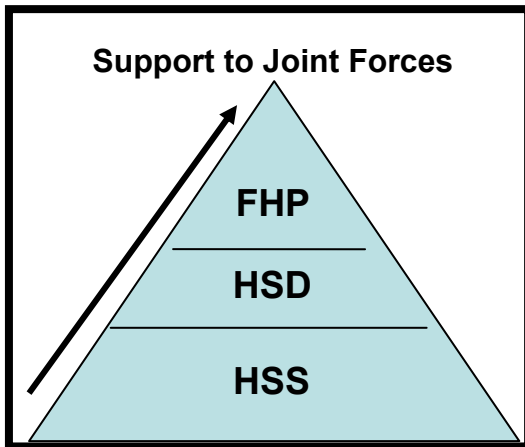


Figure 1-1. Health Readiness Family of Capabilities

- Take incremental and achievable steps that will yield efficiencies of operations
- Achieve true economies of scale by combining common functions
- Provide structural changes enabling MHS QDR Transformation initiatives
- Preserve Service-unique culture and mission support capabilities for each of the Services' medical components
- Support the principles of unity of command and effort during joint operations
- Maintain Under Secretary of Defense (Personnel and Readiness) (USD(P&R)) and ASD(HA) oversight of the Defense

Health Program

- Facilitate consolidation of medical headquarters under 2005 BRAC law
- Create a joint environment for the development of future MHS leaders
- Position the MHS for further advances, and if warranted, toward more unification while ensuring that unique Service medical capabilities are maintained
- The 2008 MHS Strategic Plan and subsequent updates will remain the roadmap for integrating HSS
- HSS CONOPS will build on health system integration efforts demonstrated in the establishment of the Joint Task Force, National Capital Region Medical (JTF CapMed) in the National Capital Region, and lessons learned establishing the San Antonio Military Medical Center (SAMMC) and the Medical Education and Training Campus in San Antonio, Texas.

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2.0 CHAPTER 2. MILITARY HEALTH SYSTEM SUPPORT CHALLENGE

The United States faces a complex and uncertain security landscape in which the pace of change continues to accelerate and the demand on resources continues to rise. The distribution of global political, economic, and military power is becoming more diffuse; the proliferation of weapons of mass destruction (WMD) continues to undermine global security; and other powerful trends are likely to add complexity to the security environment. Rapid urbanization of littoral regions, the effects of climate change, the emergence of new strains of disease, and profound cultural and demographic tensions in several regions are just some of the trends whose complex interplay may spark or exacerbate future conflicts.⁷

The MHS will be a critical enabler of success for the DoD and Joint Force Commanders in virtually every combination of military activity in the future Joint Operating Environment (JOE). The issues of public health provide a common language and context for dialogue in security, engagement and relief and reconstruction that often transcend political enmity, provide opportunities for concordance to mitigate or avoid conflict and project a favorable image of the United States. The protection and care of military service members and their families will continue to be a crucial source of confidence and incentive for service. However, military health care faces the same pressures of resource competition and heightened expectations for outcomes experienced in the US national health sector. The MHS must have supporting capabilities necessary to adapt quickly, effectively and efficiently in order to perform its mission in light of the challenges of the JOE. HSS capabilities focus on the specific requirements of the MHS as reflected in the HR CONOPS and support all aspects of HSD and FHP.

2.1 MATURE AND EMERGING MISSIONS

The Department will continue to emphasize the areas identified in the 2010 QDR, specifically improvements in capabilities for defeating terrorist networks, defending the homeland in depth, shaping the choices of countries at strategic crossroads and preventing adversaries' acquisition and use of WMD. With that, providing world class care, benefit delivery, standardization of services and management among the Military Departments and in coordination with federal agencies will continue to be the focus of the Department's most senior leadership. In terms of HR, and more specifically HSS, the Department will further emphasize wounded warrior care as an element of taking care of our people as outlined in the 2010 QDR.⁸

2.2 FUTURE KEY ASPECTS OF THE HSS ENVIRONMENT

The following key aspects of the future global environment are associated with numerous unique implications. These will influence the development of concepts and HSS capabilities that are critical to the success of future MHS operations:

⁷ *Quadrennial Defense Review Report*, p. iii-iv. February 2010.

⁸ *Quadrennial Defense Review Report*, p. 49-50. February 2010.

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- **A more complex and diverse operational environment that spans the global community and includes land, ocean, atmosphere, space, and cyberspace.** Future conflicts will appear as hybrids comprising diverse, dynamic, and simultaneous combinations of organizations, technologies and techniques that defy categorization.⁹ The MHS must develop new HR capabilities to support humanitarian assistance and disaster response operations, Whole-of-Government and Global Health Engagement approaches. The goal is to mitigate the health effects of conflicts within all environments, including chemical, biological, radiological and nuclear when necessary, and in accordance with CBRN Survivability policy. Although the HSS is not expected to be employed in a CBR or nuclear environment, the explicit parameters for CBRN survivability once exposure occurs will be determined through the CBA process and documented in DCRs or CDDs and CPDs as appropriate.
- **Health care operations that require a combination of joint capabilities to maximize complementary and additive effects.** The Services have evolved diverse sets of capabilities to operate effectively in certain situations and physical domains. The essence of joint operations is to not only match each Service with its appropriate situation so that it contributes most effectively to success, but also to combine Service capabilities such that each enhances the effectiveness and compensates for the vulnerabilities of the others.¹⁰
- **Technology proliferation.** Technology proliferation, including information technologies, information security, high-resolution imagery, tele-medicine, patient personal health record and health information access and the electronic health record enable increased transparency and an ability to deploy leaner, more capable medical solutions. While technology proliferation allows for the capable solution, it requires the development of innovative and adaptable skill sets among a diminishing health care workforce.
- **Increased emphasis on containing DoD health costs.** Multiple forces contribute to the unrelenting cost pressures driving tactical and transformational changes in how health services are delivered worldwide.

The MHS is not immune to the influence of these forces and must consider their effects in all operational planning and future requests for resources. The MHS also must consider other national and global health influences that are transforming how health services are delivered in planning for the future. Internal to the DoD are the challenges associated with containing the increasing cost of providing the military health benefit as a proportion of the DoD budget. Growth in health care spending nationwide regularly outpaces growth of the overall economy.¹¹ America's overall health care bill has risen to roughly \$2.3 trillion or about 16 percent of our total economy in 2007. The Defense Health Program (DHP) budget has steadily increased in the last 6 years—from \$19 billion to \$38 billion. The DHP currently represents 8 percent of total DoD spending, and it is projected to grow to 12 percent of the DoD budget, or \$64 billion, by 2015. (see Figure 2-2).

⁹ *Capstone Concept for Joint Operations (CCJO)*, p.8. January 2009.

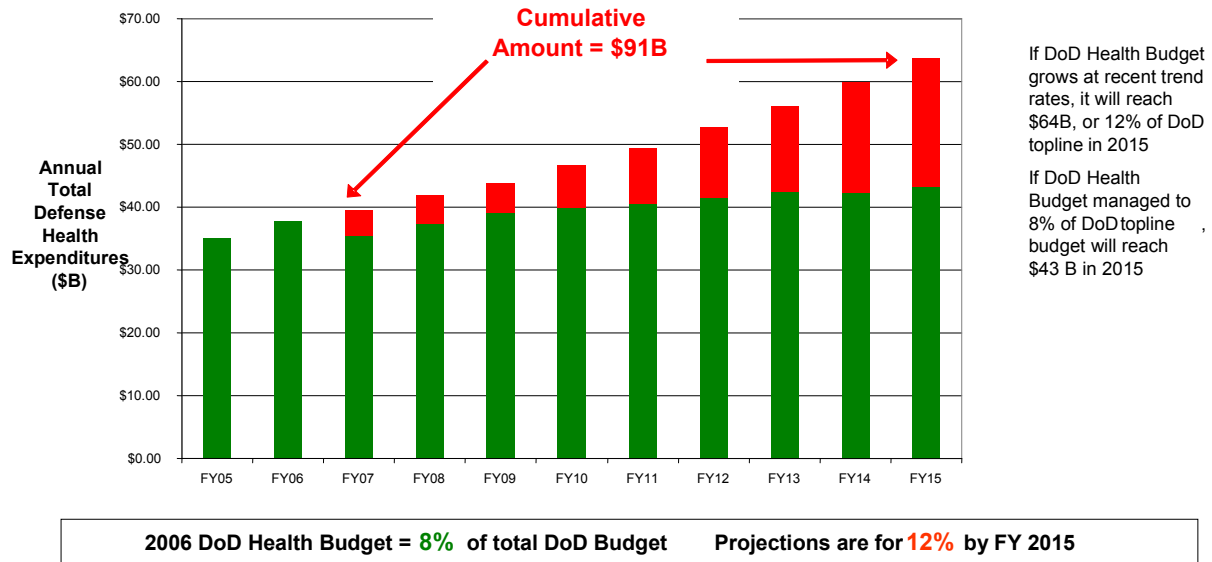
¹⁰ *Capstone Concept for Joint Operations (CCJO)*, p. 24. January 2009.

¹¹ Christensen, C., Grossman J., Hwang, Jason. *The Innovator's Prescription*, p. XV.

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Figure 2-2: Projected Growth in the Defense Health Program



2.3 FUTURE JOINT FORCE OPERATIONS IMPACTING HEALTH SYSTEM SUPPORT

Two joint operational documents—Joint Operating Environment (JOE) 2008 and CCJO—guide the development of the HSS CONOPS. The JOE is an excellent reference for future military challenges and implications for the joint force. The CCJO provides the Chairman of the Joint Chiefs of Staff (CJCS) vision for how the future joint force will operate in response to a wide variety of future security challenges.

In the broadest sense, the JOE examines three questions that are pertinent to the line and the medical community:

- What future trends and disruptions are likely to affect the joint force over the next quarter century?
- How are these trends and disruptions likely to define the future contexts for joint operations?
- What are the implications of these trends and contexts for the joint force?¹²

Its companion document, the CCJO, “proposes that future Joint Force Commanders will combine and subsequently adapt some combination of four basic categories of military activity—combat, security, engagement, and relief and reconstruction—in accordance with the unique requirements of each operational situation.”¹³

2.4 HEALTH SYSTEM SUPPORT ELEMENTS OF THE PROBLEM

The emerging way of war that the preceding paragraphs described sets the context for HSS transformation. The following are key HR elements of the HSS CONOPS that future transformations must address:

¹² The Joint Operating Environment (JOE) 2008, p. 4. November 2008.

¹³ Capstone Concept for Joint Operations (CCJO), p. iii. January 2009.

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- Medical forces are not sufficiently net-centric and interoperable to enable a fully integrated future health system and accelerate its ability to know, decide and act in real time.
- Current medical information systems do not fully facilitate data sharing between government agencies, DoD and industry partners.
- Current medical training strategies and platforms cannot adequately prepare medical forces to operate in a future operational environment in which joint forces deliberately create dynamic situations that change at great speed and intensity.
- Current joint medical logistics processes are not sufficiently integrated and networked to respond efficiently and effectively to medical material requirements of future medical forces.
- Current medical systems, equipment, and forces lack capabilities to operate in all types of environments, including multinational operations; security, transition, and reconstruction operations; operations with NGOs and IGOs; medical capacity building; and public health services.
- The growing population of persons to be treated will increasingly challenge the ability of the MHS to provide the expected level of care.

2.5 HEALTH SYSTEM SUPPORT PROBLEM STATEMENT

The MHS mission is broad and powerful; “Our team provides optimal health services in support of our nation’s military mission—anytime, anywhere.”¹⁴ The challenge of supporting the MHS mission must be met within the framework of its four mission elements: Casualty Care and Humanitarian Assistance; Healthy, Fit and Protected Force; Healthy and Resilient Individuals, Families and Communities; Education, Research and Performance Improvement. Medical forces must be capable of operating in complex and diverse operational environments; confronting a range of traditional and new adversaries and threats; employing and integrating new technologies; and collaborating with other organizations, agencies, nations and cultures.

- Current projections for the geo-strategic environment out to 2016 indicate an unsettled and rapidly changing world. The MHS must be prepared to support sustained military operations characterized by unconventional warfare and continuing need for humanitarian assistance and disaster response. More emphasis will be placed on reining in health care costs, transparency and accountability as health services are projected to consume an increasing proportion of the gross domestic product (GDP) and the DoD budget.
- All MHS components must operate together to serve the warfighter and achieve improved population health, improved beneficiary experience and reduced per capita costs. Optimized defense-wide patient centered health services will require a highly trained total medical force equipped to provide comprehensive care to wounded, ill and injured; promote and improve the health of the force; and manage and prevent injuries and chronic illnesses among all MHS beneficiaries. The MHS also must fully exploit

¹⁴ The Military Health System Strategic Plan, p 2. 2008.

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information technology, infrastructure, training and research to support the four basic categories of military activity.

- The MHS must ensure that it functions as a fully integrated system to effectively and efficiently respond to rapidly changing economic conditions, missions, beneficiary demographics, technologies and health education and research.

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3.0 CHAPTER 3. HEALTH SYSTEM SUPPORT CONCEPT

The purpose of the HSS CONOPS is to focus MHS support functions on the core business in which we are engaged, creating an integrated medical team that provides optimal HSS for the entire MHS. HSS capabilities serve as enablers for a fully integrated health system focused on the four mission elements of the MHS Strategic Plan: (1) casualty care and humanitarian assistance; (2) healthy, fit and protected force; (3) healthy and resilient individuals, families and communities; and (4) education, research and performance improvement. Mission outcomes will be achieved through new HSS capabilities integrated among FHP and HSD capabilities. The HSS concept describes the capabilities required for enhancing HSS and supporting the FHP and HSD relative to the life cycle management of these integrated MHS capabilities.

3.1 SYNOPSIS OF THE CENTRAL IDEA

The central idea of HSS is:

The MHS will encompass the capabilities necessary for development and life cycle management to support and continuously improve Health Service Delivery and Force Health Protection.

3.2 FOUR MISSION ELEMENTS

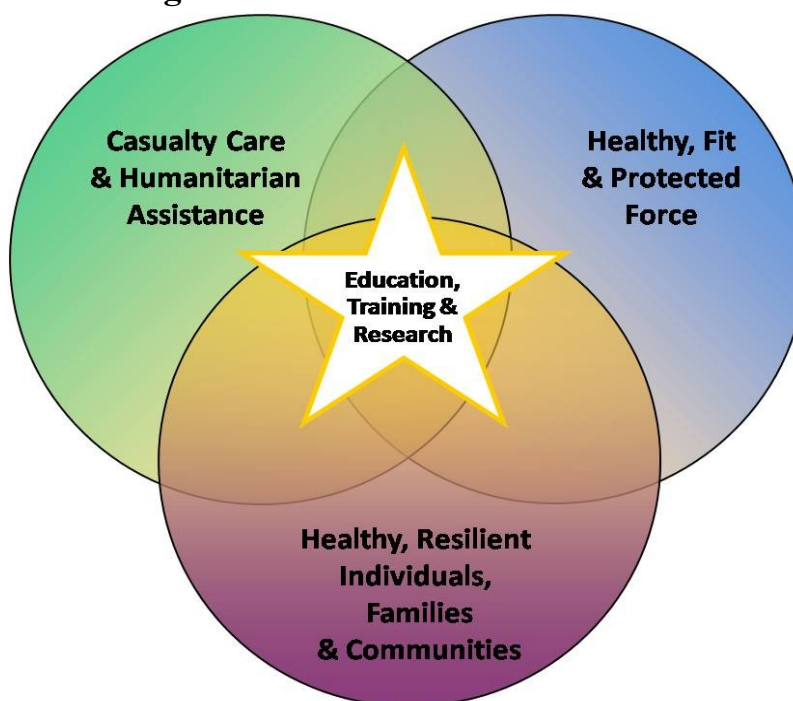
Health System Support encompasses a broad spectrum of enabling capabilities required to support the MHS mission in support of the DoD. It represents a targeted subset of the tasks currently related to HSS in Joint Publication (JP) 4-02 (p. GL-4). This sub-set of tasks encompasses the ability to perform specialized health care administrative and support related functions necessary to realize a fully integrated DoD medical system that extends seamlessly from the national level to interoperable operating forces assigned or attached to a Joint Force Commander. HSS represents a significant change by taking a holistic view of the interdependencies between MHS capabilities across both generating and operating forces and the synergetic relationships that exist among HSS, FHP and HSD for planning and execution of HR support.

The joint capabilities essential to implementing the HSS strategy described in Chapter 4 were developed as defined by the HR CONOPS and within the context of the four mission elements (see Figure 3-1) and mission outcomes outlined in the 2008 MHS Strategic Plan:

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Figure 3-1: Four Mission Elements



As the figure above illustrates, each of the MHS mission elements is interdependent and cannot exist alone. An integrated and responsive research methodology and development capacity is essential to achieve improvements in operational care and evacuation. A medical education and training system that produces health care providers of the quality needed for an anytime, anywhere mission is critical. Sustaining the quality of these health care providers cannot occur without a uniformed base and platform that produces healthy individuals, families and communities.

3.2.1 Mission Element 1: Casualty Care and Humanitarian Assistance

MHS Mission Element 1 is to generate, maintain and deploy an agile, highly capable medical force that provides an interoperable health care delivery system to enable state-of-the-art health services anytime, anywhere. It uses this medical capability to treat casualties, restore function, support humanitarian assistance and disaster relief, and build bridges to peace worldwide. The desired mission outcomes resulting from efforts to promote Casualty Care and Humanitarian Assistance are:

- Reduce Combat Losses (consequences of wounds)
- Effective Medical Transition From Service and Seamless Transition From Battlefield to VA or Other Rehabilitation
- Improved Rehabilitation and Reintegration
- Increased Interoperability With Allies, Other Government Agencies, IGOs and NGOs
- Reconstitution of Host Nation Medical Capability
- Strategic Deterrence for Warfare

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The MHS relies on critically enabling HSS capabilities that help provide casualty care and humanitarian assistance. Table 3-1 identifies intersections of support between HSS and Mission Element 1 desired outcomes.

Table 3-1: HSS Integration with Mission Element 1 of the MHS Strategic Plan

MISSION ELEMENT 1: Casualty Care and Humanitarian Assistance						
Reduce Combat Losses (consequences of wounds)						
Effective Medical Transition From Service and Seamless Transition From Battlefield to VA or Other Rehabilitation						
Improved Rehabilitation and Reintegration						
Increased Interoperability with Allies, Other Government Agencies and NGOs						
Reconstitution of Host Nation Medical Capability						
Strategic Deterrence for Warfare						
Health System Support Capabilities						
Health Services Contract Development	✓	✓	✓	✓	✓	✓
Health Services Contract Management	✓	✓	✓	✓	✓	✓
Partnership Development	✓	✓	✓	✓	✓	✓
Total Medical Force (Medical Professionals)	✓		✓	✓	✓	✓
Joint and Service Medical Education and Training		✓	✓	✓	✓	✓
Medical Financial Management	✓	✓	✓	✓	✓	✓
Medical Information Management	✓	✓	✓	✓	✓	✓
Create and Sustain the Healing Environment (Facilities)	✓	✓	✓	✓	✓	✓
Medical Logistics	✓	✓	✓	✓	✓	✓
Medical Research and Development	✓		✓	✓	✓	✓

3.2.2 Mission Element 2: Healthy, Fit and Protected Force

The MHS will help service commanders create and sustain the most healthy and medically prepared fighting force anywhere. The desired mission outcomes to promote Healthy, Fit and Protected Force are:

- Reduce Medical Non-Combat Loss
- Improve Mission Readiness
- Optimize Human Performance

Enhancing current and identifying strong HSS capabilities for the future will make certain the Joint Force Commander has a healthy, fit and protected force. For example, the MHS, within Medical Information Management, must synchronize or make interoperable a myriad of medical systems in order to track combat and non-combat loss injuries, or to track components of individual medical readiness and human performance. Medical Logistics must be responsive to

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materiel demands of FHP as well as maintain medical materiel readiness for force protection. Table 3-2 identifies intersections of support between HSS and Mission Element 2 desired outcomes.

Table 3-2: HSS Integration with Mission Element 2 of the MHS Strategic Plan

MISSION ELEMENT 2: Healthy, Fit and Protected Force			
Reduce Medical Non-Combat Loss			
Improve Mission Readiness			
Optimize Human Performance			
<i>Health System Support Capabilities</i>			
Health Services Contract Development		✓	✓
Health Services Contract Management		✓	✓
Partnership Development		✓	✓
Total Medical Force (Medical Professionals)	✓		
Joint and Service Medical Education and Training			✓
Medical Financial Management		✓	
Medical Information Management	✓	✓	✓
Create and Sustain the Healing Environment (Facilities)		✓	
Medical Logistics	✓	✓	✓
Medical Research and Development	✓	✓	

3.2.3 Mission Element 3: Healthy and Resilient Individuals, Families and Communities

The MHS provides health education and care for all DoD beneficiaries. The MHS goal is a sustained partnership that promotes health and creates a resilience to recover quickly from illness, injury, or disease. The desired mission outcomes to promote Healthy and Resilient Individuals, Families and Communities are:

- Healthy Communities/Healthy Behaviors (Public Health)
- Health Care Quality
- Access to Care
- Beneficiary Satisfaction and Perception of MHS Quality
- Perception of MHS Quality by Recruitment Pool

Maintaining healthy and resilient individuals, families and communities can be accomplished only with the help of our health industry partners, community organizations and educational institutions. The consistent achievement of quality health care delivery and sustainment of a

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satisfied, world-class health care team requires enabling HSS capabilities to respond rapidly and precisely to the unique needs of the MHS. Table 3-3 identifies intersections of support between HSS and Mission Element 3 desired outcomes.

Table 3-3: HSS Integration with Mission Element 3 of the MHS Strategic Plan

MISSION ELEMENT 3: Healthy, Resilient Individuals, Families & Communities					
Healthy Communities/Healthy Behaviors (Public Health)					
Health care Quality					
Access to Care					
Beneficiary Satisfaction and Perception of MHS Quality					
Perception of MHS Quality by Recruitment Pool					
Health System Support Capabilities					
Health Services Contract Development	✓	✓	✓	✓	✓
Health Services Contract Management	✓				
Partnership Development	✓	✓	✓	✓	✓
Total Medical Force (Medical Professionals)	✓	✓	✓	✓	✓
Joint and Service Medical Education and Training	✓	✓	✓	✓	✓
Medical Financial Management	✓		✓	✓	✓
Medical Information Management	✓	✓	✓	✓	✓
Create and Sustain the Healing Environment (Facilities)	✓	✓	✓	✓	
Medical Logistics	✓		✓	✓	
Medical Research and Development	✓	✓		✓	✓

3.2.4 Mission Element 4: Education, Research and Performance Improvement

Sustaining mission success relies on the MHS's ability to adapt in the face of a rapidly changing health and national security environment. To accomplish this effort, the MHS must be a learning organization that values personal and professional growth and supports innovation. The desired mission outcomes to promote Education, Research and Performance Improvement are:

- Capable Medical Workforce
- Advancement of Medical Science
- Advancement of Global Public Health
- Create and Sustain the Healing Environment (Facilities)
- Performance-Based Management and Efficient Operations
- Performance-Based Focus for Joint Medical Education and Training

Effective support to health education, research and performance improvement requires health expertise and a complete understanding of the challenges and priorities associated with providing

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global military health support. Table 3-4 identifies intersections of support between HSS and Mission Element 4 desired outcomes.

Table 3-4: HSS Integration with Mission Element 4 of the MHS Strategic Plan

MISSION ELEMENT 4: Education, Research & Performance Improvement						
Capable Medical Workforce						
Advancement of Medical Science						
Advancement of Global Public Health						
Create and Sustain the Healing Environment (Facilities)						
Performance Based Management and Efficient Operations						
Performance Based Focus for Joint Medical Education and Trng						
Health System Support Capabilities						
Health Services Contract Development	✓	✓	✓	✓	✓	✓
Health Services Contract Management	✓					
Partnership Development	✓	✓	✓	✓	✓	✓
Total Medical Force (Medical Professionals)	✓	✓	✓	✓	✓	✓
Joint and Service Medical Education and Training	✓	✓	✓	✓	✓	✓
Medical Financial Management	✓	✓	✓			
Medical Information Management	✓	✓			✓	
Create and Sustain the Healing Environment (Facilities)			✓	✓		
Medical Logistics		✓	✓			
Medical Research and Development				✓	✓	

3.3 ENHANCED INTEROPERABILITY AND INTERDEPENDENCE WITHIN THE MILITARY HEALTH SYSTEM

An objective of this CONOPS is to transform the medical force into a fully integrated health system that operates across the full spectrum of global contingency operations to support a dynamic joint force that decides and acts with great speed. To this end, the future medical force must support service-unique missions while operating, with an optimal degree of interoperability and interdependence, as a fully integrated system. The components of the future total medical force must be versatile and able to adapt quickly to collectively maintain all the capabilities required for supporting the joint force and to meet the health requirements of all MHS stakeholders and beneficiaries. In the past, the MHS capabilities largely represented the sum of independently developed Service programs without maximizing opportunities for enhanced interoperability and interdependency through joint development and standardization. Current and future military strategies mandate that HSS capabilities be more responsive to support diverse operations at home and abroad without compromise to service-unique missions. HSS capabilities must be developed and optimized to support MHS operations “anytime, anywhere” in support of our nation’s military mission.

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The definitions of the terms *interoperability*, *interdependent* and *interchangeable*, are in Appendix C of this document and discussed further in Chapter 3 of the Health Readiness (HR) Concept of Operations (CONOPS).

3.4 SUPPORTED CAPABILITY AREAS

3.4.1 Force Health Protection

FHP describes operational and expeditionary HR capabilities required to provide direct HR support for combatant commanders in the execution of global contingency operations and in cases of domestic emergency. FHP provides an ability to sustain and protect the health and effectiveness of the human centerpiece of the U.S. military. FHP is composed of activities that promote human performance enhancement; provide for a healthy, fit and protected force; engage in health surveillance; encompass casualty management in the Joint Operations Area (JOA); and enhance mission set preparedness and support to Homeland Defense/Civil Support (HD/CS) operations.

3.4.2 Health Service Delivery

HSD describes institutional HR capabilities required to deliver comprehensive health care in military treatment facilities and via a network of health industry and interagency partners in support of the MHS mission. HSD provides an ability to build healthy communities by managing and delivering the TRICARE health benefit, using military treatment facilities along with the TRICARE network of health care providers and partnership development among health service organizations outside the DoD. HSD includes clinical preventive medicine, along with clinical diagnostics, treatment, rehabilitation and reintegration for all those entrusted to our care.

FHP and HSD are further defined in the supporting FHP and HSD CONOPS as prescribed by the HR CONOPS and are subject to existing and future Department policy.

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4.0 CHAPTER 4. HEALTH SYSTEM SUPPORT CAPABILITIES

Chapter 4 provides definitions for the capabilities required for operating in the manner described in the central and supporting ideas of Chapter 3.

The following functional capability areas describe the capabilities required to support the MHS in its delivery of effective and integrated health support to the DoD and all designated beneficiaries. These capabilities will be further refined into tasks, conditions and attributes and standards in Appendix B. HSS capabilities are interdependent with FHP and HSD capabilities. They enable the seamless delivery of health care and improve health outcomes in both garrison (home-based) and expeditionary environments.

4.1 Health System Support Capabilities

HSS provides the ability to organize and execute key capabilities required to support and continuously improve HSD and FHP in fulfillment of the MHS mission.

4.1.1 Health Services Contract Development

The ability to identify, accurately assess, and develop a plan to acquire evidenced-based and outcome-focused health services and capabilities which are delivered in a “patient-centered” fashion and are defined in the military health benefit, which are not readily available via organic military medical capabilities or are more cost effectively provided by health industry partners.

Contract Development. The ability to provide contract strategies that deliver “best value” balance between vendor performance and deliverable quality and cost through collaboration with medical service delivery leadership. Contract Development includes the ability to plan and execute standardized strategies for addressing key health-related acquisition categories.

Contract Modifications. The ability to alter specification, delivery, contract period, price, quantity, or other provisions of an existing contract through unilateral action in accordance with a contract provision (change order), or by mutual action of the parties to the contract (contract amendment). It includes administrative changes, notices of termination, field orders, and notices of exercise of a contract option and contract extensions.

4.1.2 Health Services Contract Management

The ability to manage administrative activities associated with contracts (e.g., invitations to bid, bid evaluation, award of contracts/task orders, contract implementation, measurement of work completed, verification and computation of payments and contract closeout).

Medical Services Acquisition. The ability to perform health-related acquisition activities to develop or purchase MHS requirements not readily available via organic military medical capabilities or more cost effectively provided through health industry partners. Must include the ability to develop requirements for IT system support for the medical acquisition life cycle; pharmacy services and products; as well as medical and dental services and products to be provided to beneficiaries under new contracts. Medical Services Acquisition also includes the ability to evaluate proposals by offerors to ensure proposals meet the requirements for medical care for beneficiaries.

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Monitoring. The MHS must monitor contract relationships, address related problems, incorporate necessary changes or modifications in the contract, ensure both parties meet or exceed each other's expectations, and actively interact with the contractor to achieve the contract's objectives. Requires a means to list contract requirements and develop a schedule to monitor contractor actions and performance through specific performance evaluation standards to identify and correct issues in contractor performance of contract requirements; modify contracts to keep them current with evolving needs and demands for purchased services and products and to ensure that change orders have comparable cost/price associated with each contract modifications for medical services and products.

Beneficiary Services. The MHS must understand and deliver patient customer service requirements through initial and ongoing health plan benefit education, enrollment, assistance with accessing care and services, claims administration, and payment. Beneficiary Services also include the ability to effectively inform eligible beneficiaries on how to exercise freedom of choice among health plans available to them. Requires a unique understanding of the Department's health benefit process enrollment-related transactions, assign primary care providers, provide customer service and assist eligible beneficiaries in the use of available health and dental plans.

Claims Payment. The ability to provide reimbursement to contributing medical/non-medical resources for health care products and services provided to eligible patients in properly documented manner and in accordance with all associated payment rules and regulations. Claims payment requires the ability to verify beneficiary eligibility for coverage through the employment of the Department's official systems of record, currently Defense Enrollment Eligibility Reporting System (DEERS). Claims Payment also include the requirements for systems or processes that facilitate timely and effective health claims payment and methods to ensure TRICARE encounter data is provided to the government in accordance with contract requirements and as required to eliminate waste, fraud and abuse.

4.1.3 Partnership Development

The ability to explore collaborative clinical, business arrangements, and/or research with other federal agencies, health industry partners, health care vendors, research institutes, and academia to provide required health care and health care services so that patients receive the best possible care and services that will result in the best possible medical outcome.

4.1.4 Total Medical Force (Medical Professionals)

The ability to effectively manage the total medical force by determining manpower requirements, necessary skill mix, conducting career transition and succession planning, and ensuring that the right people are in the right place, at the right time, at the right cost.

Total Medical Force Recruiting and Retention. The ability to effectively recruit and retain the highest quality military, federal civilian, and contractor health care providers to support the MHS across the four basic categories of military activity. Total Medical Force Recruiting and Retention includes the ability to understand and plan for the turnover rate of health care providers and the capacity to hire health care providers required in support of the MHS's mission to include necessary rapid expansion to meet contingency and other changing operations.

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Credentialing and Privileging. (1) *Credentialing*: The ability to confirm the qualifications of health care providers, including collection, verification, assessment and interpretation of practitioner information and documents, such as appropriate education, training, licensure, experience, and expertise. (2) *Privileging*: The ability to grant permission and assign responsibility to a health care provider to independently provide specified or delineated health care within the scope of his or her license, certification, or registration. Clinical privileges define the scope and limits of practice for individual providers and are based on the capability of the health care facility and on the licensure, relevant training and experience, current competence, health status, judgment, and peer and department head recommendations regarding the health care provider. Credentialing and privileging require the ability to validate professional licensure, education, and training; archive and report qualifications of health care providers; track required provider data; and communicate permissions to health care providers.

4.1.5 Joint and Service Medical Education and Training

The ability to provide effective, relevant, dynamic, capabilities-based training for the joint and service medical forces in support of national security requirements across the full range of military operations. Joint and service medical education and training will provide the common framework for preparing medical personnel for current and future operations, thereby enhancing joint medical interoperability and deployability. Key components of a successful program will include an effective joint and service-specific military health care personnel education and training process; an adaptive and efficient environment in which to support military medical education and training; an effective joint and service-specific medical leader preparation process; and transformed military medical readiness training that enhances integrated operations and the ability to leverage recruiting and retention incentive programs to ensure total medical force capability. Additionally, there must be the ability to plan, conduct, and properly document advanced professional education obtained by non-physician privileged providers while serving as an intern, resident, or fellow after completion of graduate school.

Core and Specialty Medical Education and Training Programs. The ability to provide effective core medical education and training programs and specialty medical education and training programs to officers, enlisted and civilian personnel to meet the training and certification requirements for their military specialty code(s) and civilian position(s). Core and Specialty Medical Education and Training Programs require the ability to ensure education and training competencies support contingency operations, combatant commander requirements, and the peacetime medical mission; the ability to provide basic and specialty medical education and training which meet or exceed specialty certification and training requirements while focusing on care delivery during global contingency operations and the ability to evaluate education and training programs using evidence-based design to enhance core competencies.

Medical Readiness Training. The ability to provide courses, hands-on training programs, and exercises designed to be relevant to the circumstance and to develop and enhance readiness skills and maintain military medical skills. Medical readiness training includes individual, collective, and unit training, initial and sustainment, required for ensuring that health care personnel and units are capable of performing operational missions and the development/implementation of Joint exercises to validate unit and individual readiness and contribute to Joint lessons learned. Training includes analyzing major theater operation and contingency plans and Defense support to Civil Authorities to determine the core competencies necessary for individual, collective, and

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unit survivability; providing individuals and units with competency-based courses (didactic, hands-on, virtual, etc.) and courses using immersive combat learning environments that enhance individual combat medical skills, knowledge, and team coherence and the use of evidence-based design to determine training interval requirements to prevent degradation of individual and unit readiness skills.

Staff Development. The ability to provide training for personnel to attain skills, knowledge, personal and professional development, and career advancement. This effort is accomplished through facilitated learning opportunities ranging from college degrees to formal coursework, professional credentialing/licensing, conferences and seminars, and informal learning opportunities. Staff Development requires a comprehensive review of the military and civilian professional medical development lifecycle and development of lifecycle metrics which clearly illustrate expected growth in clinical, research, and/or administrative medicine. Staff development must provide comprehensive learning opportunities which support the full spectrum of facilitated learning from informal learning opportunities to granting of professional degrees and credentialing/licensure. It also must focus on military medicine and contingency operations using evidence-based design to review life cycle metrics and ensure compliance with military and civilian health industry standards and practices.

Continuing Health Education. The ability to provide health care providers with specific continuing health education to maintain competence and currency regarding core, new and developing areas of study and practice. Educational forums include live, virtual, and constructive events; modeling and simulation; written publications; online programs; and audio, video, or other electronic media. These forums are developed, reviewed, and delivered by experts in their clinical and operational areas. Continuing Health Education must provide health care providers with a venue to sustain currency in accordance with certification/licensure requirements while maintaining global military medical awareness and understanding.

Health Professional Degree Granting Programs. The ability to plan, conduct, and properly document formal education programs that result in the issuance of health care professional degrees to students who successfully complete all prescribed program requirements. Requirements for Health Professional Degree Granting programs must be based upon contingency plans and projected operations in support of the Department's global health care mission. In addition to providing a mechanism for health professional degree issuance, programs must understand the uniqueness of military medicine. Health Professional Degree granting programs will maintain compliance with governing health education regulations and standards.

Graduate Medical Education. The ability to plan, conduct, and properly document graduate medical education obtained while serving as an intern, resident, or fellow after graduation from medical school. Graduate Medical Education must provide a mechanism for physicians to obtain advanced medical education necessary to achieve specialty board eligibility and certification through accredited institutions and organizations sanctioned by national bodies.

4.1.6 Medical Financial Management

The ability to effectively forecast, budget, allocate, execute, analyze, balance, and document funds required for financing health care operations.

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Develop and Manage Defense Health Program. The ability to effectively forecast, budget, allocate, execute, analyze, balance, and document funds appropriated by Congress exclusively for the health care needs of our active and retired service members and other eligible beneficiaries and their families in a fiscally responsible manner for helping enhance the efficiency and effectiveness of the overall DoD budget. Effectively managing the DHP requires the means to identify and document financial requirements to support specific and appropriate mission elements of the MHS and meet DoD's Planning Programming Budget and Execution System (PPBE) objectives as well as Congressional budget justification requirements and includes the ability to project price inflation and apply appropriate commodity inflation rates to properly reflect and justify program growth.. Effective DHP execution requires the ability to allocate and track funding distribution and to coordinate with Government Accountability Office (GAO), the Office of Management and Budget, OUSD (Comptroller), the Defense Finance and Accounting Services (DFAS), and DHP Components and requires mechanisms for analyzing and documenting financial impact of proposed congressional benefit changes and/or language on affected MHS elements. Effectively executing the DHP appropriation includes the ability to review and assess direct and purchased health care data to determine the factors/causes of noticeable changes in health care trends as well as the ability to interact with OUSD (Comptroller), DFAS and DHP Components (Army, Navy, Air Force, JTF CapMed, TMA and the Uniformed Services University of the Health Sciences) to monitor requirements and funding for Overseas Contingency Operations, humanitarian, and other contingency missions to determine whether additional resources may be required to sustain affected MHS elements.

Manage the Medicare-Eligible Retiree Health Care Fund. The ability to effectively forecast, budget, allocate, execute analyze, balance and document funding required to pay for Medicare-eligible retiree health care. Furthermore, it is the ability to actuarially compute the Fund's health care liability and develop the annual cost contributions into the Fund from the Department of Treasury and the uniformed services.

Manage DHP Military Personnel by End Strength. The ability to receive, analyze, and staff the military services to comply with manage DHP Military Personnel (MilPers) end strength prescribed in strategic resource planning and budgeting guidance. This effort includes either increasing recruiting and training pipelines to grow projected end-strength requirements for needed skills, or designing personnel strategies to draw down MilPers end strengths where needed to meet planned staffing needs. Managing DHP MilPers requires a comprehensive understanding of Civilian Personnel Resources and the ability to assess Civilian Personnel Resources to evaluate and forecast Defense Health Program civilian personnel full-time equivalent requirements and associated personnel costs.

Manage Pay for Performance and Prospective Payment Programs. The ability to create new MHS cost models and use associated efficiencies to form a "reserve fund" to reward innovation and exemplary medical performance; align systemic and health care provider team performance incentives; improve the ability to analyze, forecast, and partially fund future workload projections to drive accountability for the health care needs of eligible and enrolled populations. These programs require the development of concepts and algorithms for funding current and future performance and the abilities to: coordinate processes for review, approval of proposed strategy and approaches and the ability to analyze impacts from the strategy and approaches to accomplish intended outcomes.

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4.1.7 Medical Information Management

The ability to define, categorize, collect, organize, store, protect, and analyze health-related data and collaborate among the Services, other federal agencies and private sector partners.

Health Information Technology Requirements and Development. The ability to develop and execute an IM-IT strategic plan composed of prioritized needs, the validated requirements necessary to build and effectively use information technology, and the sequencing plan necessary for operational success. The ability includes understanding the workflows, data needs, and human-to-system interfaces to improve health care outcomes as well as the ability to identify, validate, plan, resource, develop, test, produce, and sustain IT products and services that meet validated MHS requirements.

Health Information Performance Assessment. The ability to use the knowledge from and measure strategic value (in the eyes of the relevant user community) of fielded health information products, systems, and services to enable portfolio governance, balance investment decisions, improve health care business operations, and outcomes in health areas at personal, population, and readiness levels.

4.1.8 Create and Sustain the Healing Environment

The ability to program, design, and build health facilities that promote safety, efficient care delivery, patient empowerment, and promote healing through aesthetic qualities (includes the ability to fully sustain existing health facilities to ensure a consistent level of reliable infrastructure and systems operations).

Health Facility Construction. The ability to manage and execute the Defense-Wide Medical Military Construction Program and the DHP Sustainment, Restoration and Modernization (SRM) Construction Program. Health Facility Construction requires the ability to interpret a user's planning and program requirements into written specifications and detailed construction drawings in accordance with applicable laws, codes and standards required to build and sustain health facilities, ensure public safety and ensure health mission accomplishment.

Portfolio Management. The ability to effectively manage the MHS's portfolio of real property facilities. Portfolio Management requires detailed health facility planning to develop project requirements and maintain accurate infrastructure asset visibility in order to validate that the DoD Real Property Inventory (RPI) accurately reflects DHP funded real property assets. Portfolio Management includes the ability to develop and defend the medical MILCON and SRM POM/BES linking investments to the MHS strategic and business plans. Effective Portfolio Management incorporates industry best practices into DoD, public and private sector medical projects and requires a complete understanding of the MHS mission to properly assess the adequacy of health facilities designed to perform the MHS mission. It also incorporates sustainment programs ensuring reliable infrastructure.

4.1.9 Medical Logistics

The ability to organize and provide life-cycle management of medical products and services, to include devices and equipment, required to support HR requirements across the range of military operations.

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Medical Materiel. The ability to organize and provide life cycle management of medical materiel, including pharmaceuticals, medical supplies, medical assemblages, and medical gases. The Medical Materiel capability must provide the ability to plan and execute the provision of medical supplies required for delivery of HR capabilities and in compliance with all applicable national standards. It must also facilitate coordination among Joint Logistics Enterprise partners for end-to-end distribution of medical supply and delivery of medical logistics support required to sustain HR.

Blood. The ability to organize and manage the provision of blood and blood products including the ability to plan and execute the provision of blood and blood products required for delivery of HR and in compliance with all applicable national standards.

Medical Equipment and Technology. The ability to organize and provide life-cycle management of medical equipment, including the assessment and integration of medical technology. The Medical Equipment and Technology capability must provide technology assessment and decision support for the acquisition, integrated logistics support, fielding, sustainment and disposition of medical equipment required for HR.

Medical Equipment Maintenance. The ability to organize and manage the maintenance of medical equipment and plan for and execute the sustainment of medical equipment through preventive maintenance, repair services and calibration at the organizational and support maintenance levels.

Optical. The ability to organize and manage the fabrication and delivery of spectacles and prescription protective eyewear while planning for and executing optical fabrication services to meet the vision health and protection requirements of the force.

Medical Facilities. The ability to organize and manage the provision of life-cycle management for medical facilities including the planning and execution associated with life cycle management of medical facilities required for delivery of HR and in compliance with all applicable national standards.

Medical Logistics Services. The ability to provide medically unique services and functions essential to the provision of HR support of the joint force including planning and execution for the provision of medically unique logistics services required for delivery of HR capabilities and in compliance with all applicable national standards.

Medical Contract Management. The ability and authority to organize and manage the provision of contract support to acquire medical products and services in support of MHS requirements. Requires the ability to acquire and assess information for development of contract requirements or Performance Work Statement(s); the ability to administer appropriate contractual instruments for medical products and services, and the ability to collect, monitor and analyze measures of medical contract performance.

4.1.10 Medical Research and Development

The ability to not only advance the state of medical science, technologies, and practices in those areas of most pressing need and relevance to today's battlefield experience but also ensure that the most promising and expedient medical solutions are developed and fielded for the future joint force. Medical research and development is conducted under a continuum of broad categories

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reflecting different levels of technological effort and dependent upon the technological maturity of those efforts. Briefly, these broad categories of medical research are: Basic Medical Research Science, Applied Biomedical Technology, Medical Technology Development, Advanced Component Development, Medical Systems Development and Medical Systems Sustainment.

4.2 RISKS AND MITIGATION ASSOCIATED WITH HSS CAPABILITIES

This section addresses three primary potential risks that are associated with following this concept. The section does not address the operational risk of failure inherent in conducting any particular mission.

4.2.1 Anticipated Advanced Technologies Will Be Neither Developed Nor Acquired

If anticipated advanced technologies are neither developed nor acquired, the result will be less than optimal level of HSS and ultimately sub-optimal HR. The risk may be mitigated by planning and executing less ambitious operations and continuing to train medical forces to use and develop innovative and more efficient methods for employing currently available technologies.

4.2.2 Increasing Dependence on Information Processes

Systems and technologies add potential vulnerabilities that must be defended. As with any failure of technology, mitigation will require maintaining the ability to conduct MHS operations in a less than optimal information environment.

4.2.3 System Inertia

System inertia may forestall attempts to break down insularity (or stovepipes) to achieve anticipated horizontal and vertical integration. This effort is designed to reduce unnecessary redundancies and exploit service unique health system support capabilities. A focus on interoperability and integration in educating future MHS leadership may mitigate the risk.

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5.0 CHAPTER 5. STRATEGY FOR HEALTH SYSTEM SUPPORT IMPLEMENTATION

5.1 ROLE OF HEALTH SYSTEM SUPPORT TRANSFORMATION

Identifying and attaining fully integrated HSS capabilities and providing trained and ready forces to accomplish them during joint operations are critical in the MHS' ability to develop and manage the life cycle of capabilities that support and continuously improve health service delivery and force health protection as one HR strategy through 2016 and beyond. The complexity of meeting these expectations across the range of military operations requires a common lexicon for MHS medical capabilities (see Chapter 4) for supporting service members, their families and all those individuals entrusted to our care. Successful HSS transformation will require a fully integrated strategy with clear objectives, and effective implementation of the strategy will require commitment and attention from DoD's senior leadership, and clearly assigned roles and responsibilities.

Effective HSS implementation will enable prioritization of transformation investments among capabilities that address future risks and balance against the other risk areas identified in the 2006 and 2010 QDR and future reviews.

5.2 GUIDANCE FOR IMPLEMENTING MHS TRANSFORMATION

To achieve a true transformation and the breakthrough performance we desire, we must transform our culture in profound ways. Our culture is defined by the assumptions and mental models we use to understand the world and to guide our behaviors. We intend to change those assumptions in ways shown in Table 5-1.¹⁵

Table 5-1: Changing the Way We Think and Act

Old Paradigm		New Paradigm
Why should we...	To	Why couldn't we...
Two competing missions: health care delivery and force health protection	To	One mission, three interdependent themes
Service-specific infrastructure	To	Jointly staffed facilities
Budget and rules based	To	Performance-based management
End year with no money left	To	End year with savings; meet performance goals
Beneficiary satisfaction surveys	To	Customer relationship building
Provider centered	To	Patient control and accountability
Direct care system of MTFs and network of civilian providers	To	Integrated health delivery team with shared accountability
Proprietary information	To	Data sharing
Fixed-fee contracts	To	Performance-based contracting
Active duty, reserve, guard, civilians, and contractors managed separately	To	Total force and team development

DoD continues to pursue such transformational business and planning practices as adaptive planning and a more entrepreneurial future-oriented, capabilities-based resource allocation planning process. The Department also is pursuing accelerated acquisition cycles built on spiral

¹⁵ Military Health System Strategic Plan, p 6. 2008.

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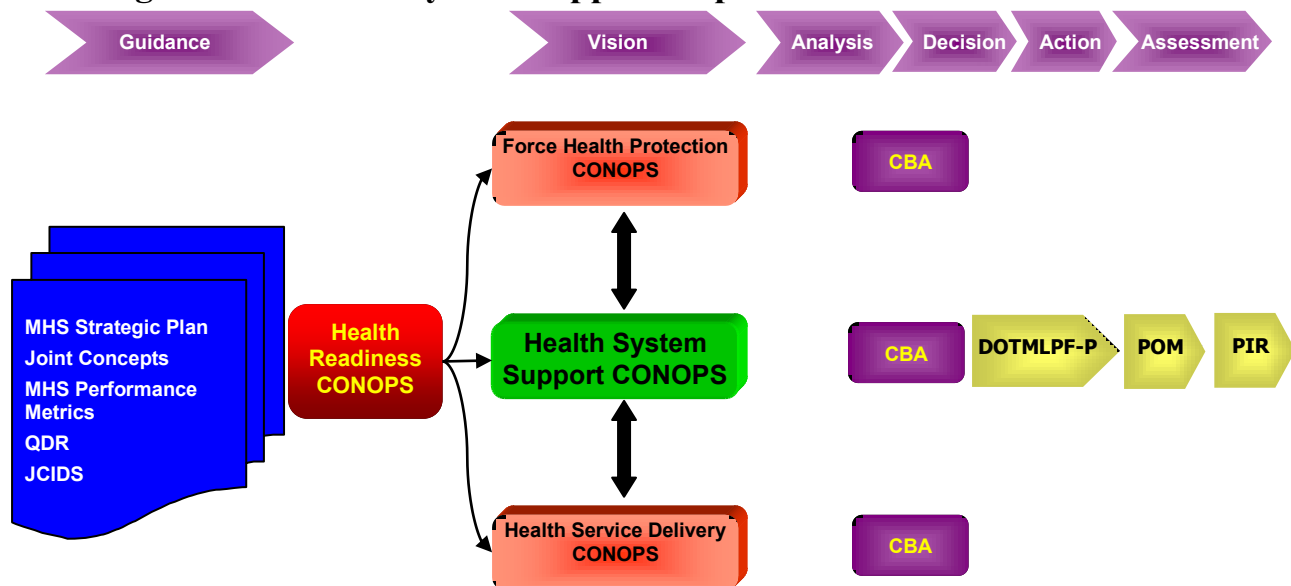
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development, outcome-based management, and a reformed analytical support agenda. It is imperative that DoD and the MHS leadership foster innovation and adaptation of information age technologies and concepts within organizational and functional areas. Reliance on civilian-based contract support for delivering medical care must be balanced with the priority for sustainment of expeditionary capabilities in the direct care system.

5.3 INTEGRATION OF HSS ELEMENTS INTO THE MHS OF TOMORROW

This document sets the stage for the entry of new and existing HSS capabilities into the JCIDS process for review, discussion and, when necessary, approval. The initiatives introduced here will follow the construct in Figure 5-1 and be developed under the construct described in the HR CONOPS and integrated with the FHP and HSD CONOPS. The FHP, HSD and HSS functions all fall under the Force Support, Tier II Joint Capability Area (JCA), HR, for conducting CBAs. This process should lead to any required doctrine, organization, training, materiel, leadership and education, personnel, and facilities (DOTMLPF) changes, the development of mission outcome measures, submission of Initial Capabilities Documents (ICD) and follow-on JCIDS documents, allowing the MHS to successfully support the joint warfighter through 2016 and beyond.

Figure 5-1: Health System Support Implementation Plan Structure



Today's HSS strategy is designed to focus MHS support functions on our core business in which we are engaged, creating an integrated medical team that provides optimal health services in support of our nation's military mission – anytime, anywhere. The HSS strategy centers on continued identification and development of enabling capabilities to support a fully integrated health system. It focuses on the four mission elements of the 2008 MHS Strategic Plan and provides the ability to continuously improve the MHS through development of its people, technology, infrastructure and joint organizational culture.

The HSS CONOPS will support formal CBAs identifying DOTMLPF changes and new health-related capabilities necessary for the MHS to support the DoD's transformation goals and mission.

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5.4 SUMMARY

We will continue to improve health services across all four elements of the MHS mission in support of our warriors, families and communities. The senior OSD and Joint Staff medical leadership, the Surgeons General and staffs reexamined our fundamental purpose and vision of the future and explored strategies to achieve that vision. This HSS CONOPS provides the framework necessary to support rigorous assessment and analysis of HSS related capability gaps and inefficiencies through a CBA process to reach appropriate materiel and non-materiel solutions as part of the broader DoD JCIDS effort. It is a key component in conjunction with FHP and HSD under the HR CONOPS in guiding combatant commanders and medical communities in the development and employment of HR solutions.

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APPENDIX A: HSS OPERATIONAL TASKS, CONDITIONS AND STANDARDS

The results of efforts by subject matter experts (SMEs) comprising the HSS CONOPS Work Group (HSSCWG) including members from across the Services, OASD(HA), the TRICARE Management Activity and elements of the Joint Staff Health Service Support Division and Joint Forces Command Surgeon's Staff who together represent the combatant command surgeons are provided in the next section labeled "A.1 Tables of Tasks, Conditions and Standards."

A.1 Tables of Tasks, Conditions and Standards

The output of the HSSCWG based on the defined capabilities in Chapter 4 is provided in the tables in the following pages. The HSSCWG developed associated tasks, conditions ("attributes") and standards (T/C/S) for HSS capabilities required to deliver the Department's health benefit using conditions derived from the NDS, the CCJO and the Joint Operating Environment. Attributes are defined as a testable or measurable characteristic that describe an aspect of a medically necessary system or capability. Below are the definitions of key attributes associated with HSS capabilities. The definitions were based on various sources and then modified for best-fit application by six Integrated Process Teams (IPT) involved in developing the JROC approved Joint Force Health Protection CONOPS. Standards depicted in each table represent existing doctrine, department policy and industry standards as applicable. In cases where no previously established standard(s) were available, the HSSCWG developed standards based upon collective subject matter expertise and reachback to subject matter experts from among Service Surgeons' General Staff, OASD(HA), the TRICARE Management Activity and elements of the Joint Staff Health Service Support Division and Joint Forces Command Surgeon's Staff.

Table 1. HSS Capability Attributes

Attribute	Definition
Accessible	Readily obtained, used, seen, or known.
Acceptable	Able to satisfy a need, requirement, or standard.
Accurate	Reflecting reality correctly; in exact conformity to fact; errorless.
Adaptable	Able to change or adjust to different circumstances or conditions.
Agile	Able to think or react quickly with acuity and coordination.
Appropriate	Suitable or fitting for a specific purpose or use.
Complete	Whole or intact, with all needed parts and elements.
Comprehensive	Inclusive of all relevant factors, issues, and capabilities.
Decentralized	Possessing lower echelon elements that are empowered to function quickly, independently, or autonomously when appropriate in order to take advantage of short duration opportunities to advance mission accomplishment.
Deployable	Structured in such a way as to be able to be transported to the field environment and rapidly readied for function in accomplishing its mission.
Durable	Able to accomplish its functions over time without significant deterioration.
Effective	Able to produce the intended effect, result, or end state.
Ergonomic	Able to maximize productivity and minimize chronic injury by reducing operator fatigue and discomfort through intelligent workplace equipment design.

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Attribute	Definition
Expeditionary	Organized, postured, and capable of rapid deployment, employment, and sustainment.
Flexible	Able to adapt or be modified in order to effectively meet changing conditions or requirements.
Integrated	Composed of elements or parts that function together in a coordinated fashion to achieve unity of effort.
Interchangeable	Capable of substitution without loss of function and effectiveness.
Interoperable	Composed of systems, capabilities, and organizations that are functional in harmony across all joint force elements. Able to exchange knowledge and services among units and commands at all levels.
Intuitive	Able to be understood accurately through sensing and perception rather than by objective observation and hard, rational logic.
Net-centric	Relating to or representing the attributes of a robust, globally interconnected network environment (including infrastructure, systems, processes, and people) in which data are shared timely and seamlessly among users, applications, and platforms.
Networked	Able to share a common operating picture and be linked and synchronized electronically in order to increase operational effectiveness through coordinated movement and action.
Practical	Able to use common sense, judgment, and reason to find a simple, direct, and efficient path to the desired end.
Predictive	Capable of knowing or predicting future conditions in order to be prepared to operate effectively when they arrive.
Persistent	Capable of extended functioning in an environment and delivering intended effects—even in adverse circumstances.
Relevant	Able to have a practical, germane, and substantial effect on the matter at hand.
Reliable	Able to be used for an extended time under specified operating conditions without loss of critical function or capability.
Responsive	Able to reply or react or answer to queries or requests with timeliness appropriate to the situation.
Safe	Secure from liability, harm, injury, danger, or risk of mishap or error.
Scalable	Designed to be capable of being modified in magnitude according to the needs of the circumstances.
Secure	The ability to protect or ensure the privacy or secrecy of a system. Implies the ability to guard from danger, risk, or loss from danger or harm and to make safe from penetration or interception by unauthorized persons.
Shared	Held in common (whether conceptually or in electronic or other media) among individuals, groups, or organizations.
Standardized	Conforming to established criteria of size, weight, quality, strength, or functionality to permit substitution without loss of original function.
Synchronized	Functioning in a coordinated fashion with specific actions across multiple agents occurring at the proper time and in the proper sequence.
Tailorable	Able to be modified or adjusted within a certain range to better meet the needs or demands of the circumstances.
Timely	Delivered or performed when needed to be most effective in the situation.

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Attribute	Definition
Total Asset Visibility (TAV)	The ability to know the location, functionality, and availability of all required resources, whether human, equipment, supplies, or systems.

Included below are the attributes selected as most critical for the respective task with metrics that are used to provide a standard of measure for evaluating the level of success in the future. Although many metrics and attributes were considered, the ones selected for this appendix are those which are most directly of use in determining the success or failure of task accomplishment. Normally, Joint Functional Concepts (JFCs), depending on special effects desired at a particular place and time in the continuum of the respective capability, would ultimately define the standards. For the purpose of HSS, this appendix and its tables represent the metrics which are deemed most relevant for making measurable evaluations during subsequent health-related CBAs.

The “standards” in most cases are long-term goals. Some standards may later be determined to have performance targets set too low to adequately drive needed improvements. A broader treatment of the tasks to address either higher level of detail, or an expansion to include implied tasks and measurement of capabilities in the future, would be part of a Functional Area/Needs Analyses that would use this appendix as its primary source document. Recommendations may result to revise the “standards” or develop methods to collect objective measures, establish baselines and track progress during the Functional Solution Analysis and Testing phases.

Table 2. Health Services Contract Development: Contract Development

Operational Tasks	Conditions/Attributes	Standard
Manage Contract Execution	Reliable	Meet customer expectations 95% of the time
	Timely	Outcomes meet time specific requirements 99% of the time
	Effective	Provides requested services and or materiel 95% of the time

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Table 3. Health Services Contract Development: Contract Modifications

Operational Tasks	Conditions/Attributes	Standard
Manage Contract Modifications	Reliable	Meet customer expectations 95% of the time
	Timely	Outcomes meet time specific requirements 99% of the time
	Flexible	Provides requested changes to services and or materiel 95% of the time

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Table 4. Health Services Contract Management: Medical Services Acquisition

Operational Tasks	Conditions/Attributes	Standard
Develop medical acquisition IT support requirements	Secure	Protect data integrity and prevent unauthorized access 100% of the time
	Accessible	System is available to authorized users based upon role-based access 95% of the time
	Comprehensive	Track full scope of contracting activities throughout the acquisition life cycle 95% of the time
Develop pharmacy requirements	Comprehensive	Requirements will cover the full scope of purchased pharmacy needs of eligible TRICARE beneficiaries 98% of the time
	Effective	Requirements will deliver purchased pharmacy services and products that meet the needs of eligible beneficiaries 98% of the time
	Timely	Meet timelines specified in the Procurement Administrative Lead Time (PALT) established for the particular acquisition 98% of the time
Develop medical services requirements	Comprehensive	Requirements will cover the full scope of purchased health care needs of eligible TRICARE beneficiaries 98% of the time
	Effective	Requirements will deliver purchased health services and products that meet the needs of eligible beneficiaries 98% of the time
	Timely	Meet timelines specified in the PALT established for the particular acquisition 98% of the time
Develop dental services requirements	Comprehensive	Requirements will cover the full scope of purchased dental care needs of eligible TRICARE beneficiaries 98% of the time
	Effective	Requirements will deliver purchased dental services and products that meet needs of eligible beneficiaries 98% of the time
	Timely	Meet timelines specified in the PALT established for the particular acquisition 98% of the time
Evaluate proposals by offerors for new contracts	Acceptable	Determine the likelihood that proposed approaches will meet the specified contract requirements 100% of the time
	Secure	Maintain procurement integrity 100% of time
	Timely	Meet timelines specified in the PALT established for the particular acquisition 98% of the time

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Table 5. Health Services Contract Management: Monitoring

Operational Tasks	Conditions/Attributes	Standard
Monitor contractor performance	Comprehensive	Listing of contract requirements reflects full scope of contract requirements 100% of the time
	Effective	Contractors perform the requirements without deficiency 98% of the time
	Timely	Monitoring is completed according to the contract monitoring schedule 100% of the time
Evaluate contractor actions to correct identified performance issues	Appropriate	Contractors correct identified deficiencies 100% of the time
	Timely	Contractors identify deficiencies in a timely manner according to corrective action plans 100% of the time
Develop modifications to existing contracts	Responsive	Ensure that modifications to the contract are responsive to evolving needs and demands for purchased services and products 98% of the time
	Timely	Ensure that modifications are submitted in a timely manner 98% of the time
Evaluate contractor proposals	Appropriate	Ensure that cost/price associated with change orders are appropriate to the service being provided 100% of the time
	Accurate	Ensure that change order costs/prices are accurate taking into consideration independent government cost estimates 98% of the time

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Table 6. Health Services Contract Management: Beneficiary Services

Operational Tasks	Conditions/Attributes	Standard
Assist with choice among available health and dental plans	Responsive	Information and assistance is available to inquiring parties 95% of the time through a variety of media and modalities
	Accurate	Information and assistance accurately reflects current health and dental plan policies and procedures 95% of the time
Enrollment	Accurate	Transactions are processed correctly 98% of the time
	Timely	Process transactions within applicable deadlines 95% of the time
Assign primary care providers	Accurate	Transactions are processed correctly 98% of the time
	Timely	Process transactions within applicable deadlines 95% of the time
Assist with use of health and dental plan	Accessible	Information and assistance is available to beneficiaries 95% of the time through a variety of media and modalities
	Accurate	Information and assistance accurately reflects current health and dental plan policies and procedures 95% of the time
Provide claims-related customer service	Responsive	Information and assistance is available to inquiring parties 95% of the time through a variety of media and modalities
	Accurate	Information and assistance accurately reflects current health and dental plan policies and procedures 95% of the time

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Table 7. Health Services Contract Management: Claims Payment

Operational Tasks	Conditions/Attributes	Standard
Verify beneficiary eligibility	Timely	Eligibility verified for individual claims within desired time period 99% of the time
	Accessible	System of record is available 98% of the time outside of scheduled outages
Claims Adjudication	Timely	Claims are processed within time parameters specified in the contract 95% of the time
	Accurate	Claims are processed in accordance with applicable policy 99% of the time
Claims Payment	Timely	Payment is provided to source of care within parameters specified in the contract 99% of the time
	Accurate	Claims are paid in accordance with applicable policy 99% of the time
	Standardized	Ensure that claims payment and processing are standardized throughout the TRICARE system 100% of the time
Data submission	Accurate	Encounter data is submitted to the government in accordance with applicable policy 100% of the time
	Timely	Encounter data is submitted to the government in a timely manner 100% of the time
Fraud, waste and abuse (FW&A) program	Accessible	Avenues for FW&A reporting are easily available to those who wish to report suspicion of FW&A in payment of claims 98% of the time
	Timely	FW&A cases are reported in a timely manner 98% of the time
	Responsive	100% of all potential FW&A cases are thoroughly investigated, determinations rendered, and actions taken as indicated
	Networked	Outreach and coordination with local, state and federal government & task forces 98% of the time
	Net-Centric	Relating to or representing the attributes of a robust, globally interconnected network environment (including infrastructure, systems, processes, and people) in which data are shared timely and seamlessly among users, applications, and platforms.

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Table 8. Partnership Development

Operational Tasks	Conditions/Attributes	Standard
Partner and Collaborate with Other Federal Agencies	Shared	TMA and Service SG Subject Matter Experts will attend minimum of monthly collaborative meeting with other federal agencies and national organizations. The MHS will maintain active role on major national health care standards organizations
	Relevant	In 100% of IT projects MHS Chief Enterprise Architect will evaluate current national and federal health care standards incorporated these into appropriate projects
	Interoperable	MHS will focus on leveraging and supporting national health interoperability efforts so that core patient data can be shared with other federal partners and the Veteran's Administration
Partner and Collaborate with Industry Leaders	Shared	TMA and Service SG Subject Matter Experts will attend minimum of monthly national meeting of respective health care national organizations and MHS/services will maintain active membership and participation in these national health care organizations
	Relevant	MHS Enterprise Architects will evaluate current industry best practices and incorporate them into 100% of IT projects as appropriate
	Interoperable	MHS will focus on leveraging and supporting national health interoperability efforts so that core patient data can be shared with civilian facilities
Partner and Collaborate with Academia and Research Institutes	Shared	TMA and Service SG Subject Matter Experts will attend minimum of monthly collaborative meeting with academia and maintain strong relationship with Graduate Medical Education and health care research institutes
	Relevant	MHS Enterprise Architects will evaluate current industry best practices and incorporate them into 100% of IT projects as appropriate
	Interoperable	MHS will focus on incorporating new technology and practices that enhance achieving defined MHS objectives and not simply on being a "cutting edge" organizations as such MHS changes will be approached to ensure not disrupting current or delaying interoperability with VA or other federal agencies

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Operational Tasks	Conditions/Attributes	Standard
Partner with established Health Care Contract Partners, particularly Managed Care Support Contractors	Shared	TMA and Service SG Subject Matter Experts will attend minimum of monthly collaborative meeting with MCSC
	Relevant	MHS Enterprise Architects will evaluate current industry best practices and incorporate them into 100% of IT projects as appropriate
	Interoperable	MHS will focus on leveraging and supporting national health interoperability efforts so that core patient data can be shared with Health Care Contract Partners and Managed Care Support Contractors
	Appropriate	Based upon established objectives will sequentially achieve Health data interoperability

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Table 9. Total Medical Force: Total Medical Force Recruiting

Operational Tasks	Conditions/Attributes	Standard
Hire health care providers	Adaptable	Ability to modify identified needs to changing requirements
	Scalable	Capability easily sized to meet requirements
Understand and plan for the turnover rate of health care providers	Accurate	100% Error free
	Timely	Decisions/actions meet requirements

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Table 10. Total Medical Force: Credentialing and Privileging

Operational Tasks	Conditions/Attributes	Standard
Understand and report qualifications of health care providers	Complete	Pertinent data/information is complete
	Comprehensive	All qualifications are documented
	Accurate	100% Error free
Validate licensure, education, and training Archive the qualifications of health care providers	Secure	All qualifications are secure
	Accurate	100% Error free
	Complete	Pertinent data/information is complete
Track required provider data	Comprehensive	All qualifications are documented
	Accurate	100%Error free
	Timely	All data should be promptly reported
Communicate permissions to health care providers	Timely	Provide information within a desired period
	Accurate	100% Error free
Understand and report qualifications of health care providers	Complete	Pertinent data/information is complete
	Comprehensive	All qualifications are documented
	Accurate	100% Error free

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Table 11. Joint and Service Medical Education and Training: Core and Specialty Medical Education and Training

Operational Tasks	Conditions/Attributes	Standard
Determine education and training requirements / needs	Comprehensive	All operational systems/situations are included in requirements
	Acceptable	Able to meet certification standards 99% of the time
	Flexible	Able to meet 95% of mission requirements
Provide high-quality basic and specialty military medical training	Acceptable	Able to meet certification standards 99% of the time
	Effective	Provides educational resources which exceeds regulatory requirements 95% of the time
	Interoperable	All provided training needs of global medical needs 95% of the time
	Safe	Customers are provided training in a safe working environment 100% of the time
Evaluate Training Programs	Accurate	99% error free
	Comprehensive	Review training programs for efficacy and sustainability annually 95% of the time
	Timely	Evaluations and reports provided within the prescribed time 95% of the time

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Table 12. Joint and Service Medical Education and Training: Medical Readiness Training

Operational Tasks	Conditions/Attributes	Standard
Identify Medical and Combat Required Skills	Comprehensive	All operational systems/situations are included in requirements
	Flexible	Able to meet 95% of mission requirements
	Relevant	Meets 99% of combatant commanders needs
Provide realistic training	Adaptable	Able to meet combatant commanders requirements 99% of the time
	Interoperable	All provided training needs of global medical needs 95% of the time
	Scalable	Training modules sized to meet mission requirements 100% of the time
	Safe	Customers are provided training in a safe working environment 100% of the time
Determine training interval requirements	Accurate	99% error free
	Effective	Provides appropriate training cycles for individuals, or units 99% of the time
	Timely	Evaluations and reports provided within the prescribed time 95% of the time
Evaluate education and training programs	Accurate	99% error free
	Timely	Evaluations and reports provided within the prescribed time 95% of the time

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Table 13. Joint and Service Medical Education and Training: Staff Development

Operational Tasks	Conditions/Attributes	Standard
Determine personal and professional development needs of the medical force	Flexible	Able to meet 95% of mission requirements
	Comprehensive	All operational systems/situations are included in requirements
	Relevant	Meets 99% of combatant commanders needs
Provide Medical Professional and Leadership Development Training	Acceptable	Able to meet certification standards 99% of the time
	Effective	Provides educational resources which exceeds regulatory requirements 95% of the time
	Safe	Customers are provided training in a safe working environment 100% of the time
	Interoperable	All provided training needs of global medical needs 95% of the time
Review and Evaluate Professional Development and Personal Requirements	Accurate	99% error free
	Comprehensive	Review training programs for efficacy and sustainability annually 95% of the time
	Timely	Evaluations and reports provided within the prescribed time 95% of the time
Provide training that is accessible globally and results in learning	Accurate	99% error free
	Effective	Training results in measurable improvement in individual, unit or facility performance related to the training
	Timely	Training is available where and when needed 95% of the time
	Comprehensive	Facilities report 100% compliance with completion of required staff training

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Table 14. Joint and Service Medical Education and Training: Continuing Health Education

Operational Tasks	Conditions/Attributes	Standard
Determine personal and professional development needs of the medical force	Flexible	Able to meet 95% of mission requirements
	Comprehensive	All operational systems/situations are included in requirements
	Relevant	Meets 99% of combatant commanders needs
Provide Medical Professional and Leadership Development Training	Acceptable	Able to meet certification standards 99% of the time
	Effective	Provides educational resources which exceeds regulatory requirements 95% of the time
	Safe	Customers are provided training in a safe working environment 100% of the time
Provide Military Professionals with Continuing Health Education to maintain competency	Comprehensive	All operational systems/situations are included in requirements
	Acceptable	Able to meet certification standards 99% of the time
	Flexible	Able to meet 95% of mission requirements
	Relevant	Training specific user and MHS overlapped areas of practice and need

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Table 15. Joint and Service Medical Education and Training: Health Professional Degree Granting Programs

Operational Tasks	Conditions/Attributes	Standard
Determine the need for Health Professional Degree Granting Programs and number of specific type of degreed professionals	Comprehensive	All operational systems/situations are included in requirements
	Flexible	Able to meet 95% of mission requirements
	Acceptable	Able to meet certification standards 99% of the time
Provide health professionals degree granting programs	Adaptable	Able to meet 95% of mission requirements
	Interoperable	All provided training needs of global medical needs 95% of the time
	Safe	Those seeking degrees are provided training in a safe working environment 100% of the time
Evaluate programs	Comprehensive	Review training programs for efficacy and sustainability annually 95% of the time
	Effective	99% of degree program graduates pass their respective boards on the first time
	Accurate	99% error free
	Timely	Evaluations and reports provided within the prescribed time 95% of the time

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Table 16. Joint and Service Medical Education and Training: Graduate Medical Education

Operational Tasks	Conditions/Attributes	Standard
Provide Graduate Medical Education for Military Physicians	Acceptable	Able to meet certification standards 99% of the time
	Effective	Provides educational resources which exceeds regulatory requirements 95% of the time
	Acceptable	Able to meet certification standards 99% of the time
	Interoperable	All provided training needs of global medical needs 95% of the time

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Table 17. Medical Financial Management: Develop and Manage Defense Health Program

Operational Tasks	Conditions/Attributes	Standard
Identify appropriate Military Health System (MHS) Financial Requirements	Integrated	Financial & programmatic requirements of the DHP comply with published timelines and are coordinated via the Services, the Resource Management Steering Committee (RMSC), Resource Integration Council (RIC), SMMAC and ASD (HA)
	Predictive	Projected requirements are within 5% of execution and competing estimates
	Responsive	POM and any Unfinanced Requirements are submitted on the requested suspense in published guidance
Project Price Inflation For Resource Requirements	Accessible	Rates available for 100% of commodities
	Complete	Rates applied to all commodities
	Predictive	Price and program growth appropriate for 90+% of commodities funding.
Assess Congressional Legislation's Impact on MHS Resource Requirements	Comprehensive	Financial review and estimates of proposed legislative changes are completed when applicable
	Responsive	Estimates are provided as required, meet the intent and the requested suspense date 95% of the time
Execute DHP Appropriation	Accurate	99% of transactions are error free
	Comprehensive	100% of components included
	Responsive	Suspenses met 99% of the time in accordance with applicable guidance
Monitor DHP Appropriation	Comprehensive	Review and analysis of Direct and Purchased Care execution data at least monthly
	Predictive	Health care projections for Direct Care & Private Sector Care programs are compared to execution data on a quarterly basis
		Engage the Services to identify any shortfalls on a quarterly basis. Realign funding for proper execution as necessary
	Timely	Review and assessment is performed on a continual basis. Information is reported at regular intervals to chain, RMSC, RIC, SMMAC or as dictated by higher guidance
Manage Overseas Contingency Operations (OCO), Humanitarian and Other Contingency Missions	Accurate	99% error free. Supplemental funds are tracked separately and must only be used for approved purposes
	Complete	100% of DHP Components are consolidated into Total DHP reports that sufficiently meet routine reporting requirements

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Operational Tasks	Conditions/Attributes	Standard
	Timely	Acquire or develop data to ensure that 99% of standard data requests are satisfied within the timeframe specified

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Table 18. Medical Financial Management: Manage the Medicare-Eligible Retiree Health Care Fund

Operational Tasks	Conditions/Attributes	Standard
Determine Financing	Accurate	99% error free
	Comprehensive	99% error free
	Accessible	99% of the time
	Networked	99% of the time
	Net-centric	Relating to or representing the attributes of a robust, globally interconnected network environment (including infrastructure, systems, processes, and people) in which data are shared timely and seamlessly among users, applications, and platforms.
Allocate Financing	Accurate	99% error free
Program Analysis	Timely	Elements appropriate to program
Prepare financial Statement(s)	Accurate	Zero material weaknesses
Program Management	Complete	Sufficiently meets mission requirements
Partner and Collaborate with TMA Aurora and other Federal Agencies	Shared	TMA and SMEs will attend minimum of 1 annual collaborative meeting with other federal agencies and national organizations. TMA will maintain active role on major national health care standards organizations

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Table 19. Medical Financial Management: Manage DHP Military Personnel by End Strength

Operational Tasks	Conditions/Attributes	Standard
Assess Civilian Personnel Resources	Appropriate	Data enables compliance with program/budget exhibit and information requests at least 95% of the time
	Integrated	Constituent elements of the four DHP Components are assimilated into consolidated DHP resource profiles that sufficiently meet at least 95% of routine requirements
	Synchronized	Requisite civilian resource data for the multiple Components of the DHP are acquired or developed at the proper time and in the proper sequence to ensure that at least 95% of standard data requests are satisfied within the timeframe specified

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Table 20. Medical Financial Management: Manage Pay for Performance and Prospective Payment Programs

Operational Tasks	Conditions/Attributes	Standard
Develop concepts for funding current and future performance	Integrated	Service performance payment proposals are unified into one plan and submitted IAW deadlines in the PPBE process
	Relevant	PPS plan will support the Total Force objectives, requirements, and readiness, and will enable the initiatives of the MHS quadruple aim
Develop algorithms for funding current and future performance	Practical	Algorithms contained within the PPS will support the quadruple aim while maintaining compliance with budget guidelines
	Standardized	Application of such algorithms will be applied consistently across all MHS activities
Coordinate process for review and approval of proposed strategy and approaches/ formulas	Accurate	PPS plan will be approved by the Chief Financial Officer in Charge (CFOIC) integrated committee
	Responsive	PPS plan will be approved by the CFOIC
Calculate performance results from the strategy and approaches of the PPS system	Accurate	The PPS plan will support the MHS quadruple aim initiatives
	Scalable	Quadruple aim initiatives will be enhanced by the PPS plan throughout the MHS at all levels (ex: clinic, MEDDAC, MEDCEN)
Analyze impacts from the strategy and approaches of the PPS	Comprehensive	Potential impact of total PPS budget on performance will include primary and potential secondary impacts
	Effective	PPS budget will support the Total Force objectives, requirements and readiness, thus enabling the initiatives of the MHS quadruple aim

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Table 21. Medical Information Management: Health Information Technology Requirements Development

Operational Tasks	Conditions/Attributes	Standard
Establish IM-IT Strategic Plan and Transition Plan	Predictive	Transition plan accounts for 95% of systems in place at end point transition plan
	Effective	New/modernized capabilities provide required functionality for all requirements at time of LUT
	Adaptable	Transition plan able to accommodate unanticipated or urgent needs while accounting for detailed analysis of impacts to all systems and phases of transition plan
	Integrated	95% accountability of all changes within and across IM-IT systems and functional IT areas such as business, clinical and readiness
	Practical	100% acceptance by functional owners of the transition plan sequence of events and the value proposition of the transition as aligned with the MHS Strategic Plan
Generate and Maintain IT requirements	Acceptable	100% of requirements approved by functional boards indicating that the requirements have been tailored to meet 100% of the functional need and prioritized
	Standardized	All requirements designated as a "testable requirement" has been validated to meet established definition of requirements to permit independent testing and evaluation
	Efficient	100% of requirements sets approved for funding have been evaluated and indicated which requirements are needed (absolute mission requirements) and no more than 10% of additional requirements by cost included in package
	Accessible	100% of requirements available to service and MHS leadership for review in a secure manner
	Accurate	100% of requirements receiving Defense Business Transformation (DBT) funding certification have approved requirements in the MHS Enterprise Architecture requirements repository
Develop Complete Enterprise Architectural Requirements Design Sets for IT procurement	Acceptable	100% of EA requirement set review and refinement accepted by functional community as maintaining alignment with needed functional requirements
	Complete	100% of projects have had a DOTMLPF evaluation completed prior to requirement development and prior to deployment to include a documented Business process reengineering plan

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Operational Tasks	Conditions/Attributes	Standard
	Synchronized	90% of all projects executed based upon EA requirements without unplanned delayed due to re-use or development dependency
Provide IM-IT Cost Estimation	Accurate	Cost estimate provided for POM or initial funding within 15% of final cost (annual average)
	Standardized	100% of cost estimates use a industry approved methodology that is repeatable and can be verified by independent external costing agency
	Timely	95% of cost estimated delivered on or before the delivery data established when the requirement package provided for costing (Note: Size of project creates variability in time to complete estimate)
Track execution of the MHS IM/IT Strategy	Timely	100% of projects tracked in a standard format with ability to present project status with no greater than a 7 day delay in data and within 10% of cost execution
	Shared	Visible to all MHS and Service Senior IM-IT Staff
	Synchronized	100% of projects have identified project interdependencies and 100% of new projects indicate impacts/dependencies on current projects
Conduct and Implement Business Process Reengineering (BPR) Review prior to prior to fielding IT solutions	Tailorable	95% of BPR changes should be consistent across service use of IT applications allowing for service unique variability of practice
	Relevant	90% of BPR changes should be developed once final IT solution is known and changes should be traceable to achieving a definable outcome improvement
	Flexible	BPR changes should allow local variation to meet truly unique circumstances while not impacting changes to established core processes or distract from reaching agreed upon metrics
Provide Information Technology Asset Visibility	Timely	99% of IT projects documented correctly and completely in DISR as required
	Complete	100% review of DISR with annual update to insure proper representation of assets and transparency to all stakeholders
	Standardized	MHS/TMA/Services each uses the same definitions
	Comprehensive	MHS/TMA/Services IT projects listed to allow assessment of system overlap and/or possible conflicts
IT Service Support	Accessible	95% of help desk calls answered by the third ring and 95% of emails returned within 24 hours

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Operational Tasks	Conditions/Attributes	Standard
	Acceptable	User satisfaction with help desk support greater than 4 on a Likert scale with perfect score of 5
	Appropriate	90% of all help desk calls resolved with only 1 contact to the help desk
	Intuitive	Computer self help available, relevant and easy to navigate by the user
IT Service Delivery	Shared	Resources for IT service delivery will be shared between program to maximize support and benefit to all functional groups
	Standardized	95% of service delivery using industry best practice standards with consistent processes and language across programs
	Effective	95% of subsections achieving established performance goals
Service Transition (Project fielding implementation)	Adaptable	100% of systems with deployment plan that accommodates for truly unique Service need
	Agile	95% of deployment plans able to accommodate for changes in fielding plan based upon unpredictable issue of operational tempo
	Effective	95% of training viewed by end user as meeting the training objectives
	Synchronized	95% of MTFs fully prepared for training on date of training
IT Security Management	Safe	100% of systems meeting all DoD. Service security standards unless there are written exceptions
	Scalable	System must meet the GiG security standards
	Secure	100% of personal health data meeting HIPAA and ARRA HITECH data security standards.
Configuration and Release Management	Shared	100% of Configuration Management and Release Management activities conducted in shared electronic form permitting awareness of all stakeholders of status and as necessary accessibility of information
	Standardized	All CM and RM functions conducted by Information Technology Infrastructure Library standards
	Synchronized	All configuration and release management activities coordinated and synchronized across all MHS IT systems without unknown dependency
	Effective	100% of software released using an industry standard RM process

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Table 22. Medical Information Management: Health Information Performance Assessment

Operational Tasks	Conditions/Attributes	Standard
System Testing	Standardized	Independent testing and evaluation finding no more than 2% of software errors that were not found by internal project testing processes
	Relevant	Independent Verification and Validation process resulting in 100% of software going into LUT testing being accepted for fielding
	Effective	No level 1 defects found during Limited User testing
Operational Availability	Reliable	98% of uptime as detailed in the specific system CONOPS
	Durable	100% Survivability as defined by time to recover from a planned drill or actual disaster as stated in specific CONOPS/key performance parameters/requirements
	Networked	100% of medical critical systems having appropriate redundancy to permit sharing common operating picture and synchronized in order to provide operational effectiveness at the level defined by the KPP/Requirements / CONOPS
	Net-centric	Relating to or representing the attributes of a robust, globally interconnected network environment (including infrastructure, systems, processes, and people) in which data are shared timely and seamlessly among users, applications, and platforms.
	Secure	Meeting 100% of GIG and HIPAA security requirements unless written exceptions exist
Efficiency	Interoperable	No redundant web services built for use across MHS systems (Maximal reuse of NHIN services and standards in MHS development)
	Effective	No level one errors detected during full rate deployment.
	Deployable	80% of approved and funded IM-IT projects accepted for full rate deployment
	Timely	75% of projects accepted for full rate deployment completing their deployment by their initial approved full rate deployment schedule
Stewardship	Practical	100% of all IM-IT systems funded for development or in operation with alignment with MHS Balanced Score Card and biannual review of effectiveness of built aligned with original established ROI estimates
	Standardized	100% of IM-IT projects with complete DBT compliance and annual MHS Enterprise Architecture Compliance Review

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Operational Tasks	Conditions/Attributes	Standard
	Total Asset Visibility (TAV)	100% of IM-IT expenses of MHS/TMA/HA/Services with visibility of current and planned expenditures
Transparency and Decision Support	Accessible	Operational data and project status to include cost and schedule available to leadership 100% of the time with no more than a 14 day delay
	Acceptable	95% of the time available data able to be presented within 48 hours to answer executive leadership or Congressional query
	Accurate	95% of reports on health care data with no more than a 5% error rate/confidence interval
	Intuitive	90% of reports to execute leadership and clinical staff presented in a fashion accepted by the end user as understandable with minimal to no additional explanations
	Predictive	Predictive reporting capability able to predict future results within the margin of errors defined by the predictive assumptions 100% of the time
	Relevant	95% of system reporting tools can provide reports pertinent to the core questions the system was designed to answer as defined in the system CONOPS
	Timely	Reports available 100% of the time to critical reporting timeliness as defined in the system requirements, CONOPS or KPP

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Table 23. Create and Sustain the Healing Environment: Health Facility Construction

Operational Tasks	Conditions/Attributes	Standard
Design (MILCON)	Timely	Planning documents (1391, PFD, CONOPS, etc.) are provided to agents NLT 16-months prior to POM/BES submission
	Appropriate	Supports 100% of identified current and projected missions
Construction (agent responsibility)	Appropriate	Cost and scope within DD1391 PA or equivalent SRM documentation for 100% of active projects
	Timely	Completion date in accordance with DD1391 or equivalent SRM documentation on 100% of active projects
	Effective	Provides 100% of all required space and capabilities at BOD. Includes tenets of world class
Close Out (MILCON)	Timely	100% POE on new facilities completed within 12-18 months of BOD
	Standardized	Same format for 100% of all project POEs

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Table 24. Create and Sustain the Healing Environment: Portfolio Management

Operational Tasks	Conditions/Attributes	Standard
Provide Infrastructure Asset Visibility	Timely	Achieve 100% compliance with DODI 4165.14
	Appropriate	95% of critical assets have an annual assessment on the adequacy of built facilities which identifies maintenance, repair, modernization and replacement requirements
	Standardized	Each Service SG uses the same definitions of adequacy for 100% of RPI assessments
Provide MHS Facility Infrastructure Master Plan	Timely	Update bi-annually at a minimum to inform PPBES
	Synchronized	Master Plan coordinated bi-annually with Service SGs
Conduct Health Facility Planning to develop project requirements	Responsive	Criteria and standards are updated annually at a minimum
	Appropriate	Criteria and standards reflect 100% of latest lessons learned from POEs, research, and best practices
	Standardized	Same standards apply to 100% of medical projects
	Standardized	Same planning methodology utilized for 100% of all medical projects
Link investments to strategic and business plans	Comprehensive	Consider 100% of the entire MHS Inventory when identifying the Department's highest MILCON and SRM project priorities
	Synchronized	CIDM priority list is coordinated with all stakeholders for SecDef approval, and in time to inform PPBES, a minimum of twelve-months prior to submission deadline
Research industry best practices through collaboration with other Federal agencies, national organizations, and academia	Standardized	Establish DoD as the Industry Leader for best practices in design/construction for 100% of the medical MILCON program
	Timely	In 100% of DoD MILCON project designs, the architect will incorporate the most current DoD best practices for the subject project
Program/budget the Defense-Wide Medical MILCON and SRM Requirements	Appropriate	HA/TMA provides MILCON and SRM funding through PPBES to meet 100% of established investment targets based upon building Service Life and DoD FSM model
	Effective	100% of MILCON projects in the President's Budget are authorized and appropriated by Congress

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Table 25. Medical Logistics: Medical Materiel

Operational Tasks	Conditions/Attributes	Standard
Manage Class VIII-A Materiel	Efficient	Meets mission requirements with no more than 20% of excess capacity across the medical supply chain or within the process
	Effective	Provides required materiel in the right quantity, place and condition 95% of the time
	Reliable	Meets customers expectations 95% of the time
	Timely	Outcomes meet time specific requirements 99% of the time
Coordinate the distribution of Medical Materiel in the JOA	Flexible	Able to meet 95% of missions' changes with existing resources
	Capable	Capability is appropriately sized to meet 100% of mission requirements within commander's intent
	Effective	Provides required materiel and/or service in the right quantity, place and condition 95% of the time
	Timely	Outcomes meet time specific requirements 99% of the time

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Table 26. Medical Logistics: Blood

Operational Tasks	Conditions/Attributes	Standard
Manage the Class VIII-B Materiel Throughout End to- End Supply Chain	Efficient	Meets mission requirements with no more than 20% of excess capacity across the medical supply chain or within the process
	Effective	Provides required materiel in the right quantity, place and condition 95% of the time
	Reliable	Meets customers expectations 95% of the time
	Timely	Outcomes meet times specific requirements 99% of the time

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Table 27. Medical Logistics: Medical Equipment & Technology

Operational Tasks	Conditions/Attributes	Standard
Provide the total life cycle management of medical equipment	Timely	Outcomes meet times specific requirements 99% of the time
	Effective	Provides required materiel and/or service in the right quantity, place and condition 95% of the time
	Standard	Able to plug-and-play common capabilities (equipment and repair parts), where applicable, 95% of the time
	Interoperable	All elements of system (including info systems) provide services to and accept services from other systems, units or forces 95% of time in DoD

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Table 28. Medical Logistics: Medical Maintenance

Operational Tasks	Conditions/Attributes	Standard
Manage Biomedical Maintenance	Flexible	Able to meet 95% of mission's changes with existing resources
	Timely	Outcomes meet time specific requirements 99% of the time
	Standard	Moved to Medical Equipment and Technology
	Interoperable	Provide services to and accept services from other systems, units, or forces 95% of time in DoD

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Table 29. Medical Logistics: Optical

Operational Tasks	Conditions/Attributes	Standard
Manage Optical Fabrication and Repair	Flexible	Able to meet 95% of mission's changes with existing resources
	Interoperable	All elements of system provide services to and accept services from other systems, units, or forces 99% of time in DoD
	Timely	Outcomes meet time specific requirements 99% of the time
	Reliable	Meets customers expectations 95% of the time

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Table 30. Medical Logistics: Medical Facilities

Operational Tasks	Conditions/Attributes	Standard
Manage Medical Facilities	Flexible	Able to meet 95% of mission's changes with existing resources
	Interoperable	All elements of system provide services to and accept services from other systems, units, or forces 95% of time in DoD
	Reliable	Meets customers expectations 95% of the time
	Safe	Meets customers expectations within acceptable tolerances 99% of the time

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Table 31. Medical Logistics: Medical Logistics Services

Operational Tasks	Conditions/Attributes	Standard
Manage Medical Logistics Services	Reliable	Meets customers expectations 95% of the time
	Effective	Provides required materiel in the right quantity, place and condition 95% of the time
	Timely	Outcomes meet time specific requirements 99% of the time

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Table 32. Medical Logistics: Medical Contract Management

Operational Tasks	Conditions/Attributes	Standard
Development Medical Contract Requirements	Timely	Outcomes meet time specific requirements 99% of the time
	Accurate	99% error free
	Complete	90% of pertinent data/information, etc. is complete
Establish Contracts for Medical Products or Services	Timely	Outcomes meet time specific requirements 99% of the time
	Effective	Provides required materiel in the right quantity, place and condition 95% of the time
Measure and Assess Medical Contract Performance	Complete	95% of pertinent data/information, etc. is complete
	Reliable	Maintains designed functionality 99% of the time
	Timely	Measurement outcomes meet time specific requirements 99% of the time

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Table 33. Medical Research and Development

Operational Tasks	Conditions/Attributes	Standard
Conduct Basic Operational Medical Research Sciences	Schedule	Attainment of a maturity level of a Technology Readiness Level (TRL) 3, or the equivalent for knowledge products
	Quality	100% Scientific peer review and programmatic review; 100% adherence to USG Regulatory Guidelines
	Relevant	100% alignment to capability gaps derived by JCIDS process or equivalent
Apply Biomedical Technology	Relevant	100% alignment to capability gaps derived by JCIDS process or equivalent
	Quality	100% Scientific peer review and programmatic review; 100% adherence to USG Regulatory Guidelines
	Schedule	Attainment of a maturity level of at least TRL 4 or 5, or the equivalent for knowledge products. Products nearing attainment of a TRL 5 will be considered for transition. MS A review for all medical products
Develop Medical Technology	Schedule	Attainment of a maturity level that is typical of TRL 6, or the equivalent for knowledge products. MS B review for all medical products/systems
	Relevant	100% alignment to capability gaps derived by JCIDS process or equivalent
	Quality	100% Scientific peer review and programmatic review; 100% adherence to USG Regulatory Guidelines
Develop Medical Products Support and Advanced Concepts	Schedule	Attainment of a maturity level that is typical of TRL 7, or the equivalent for TRL 8, such as practice guidelines and standards, which are intended for rapid transition to operational use
	Relevant	100% alignment to capability gap derived by JCIDS process or equivalent
	Quality	100% Scientific peer review and programmatic review; 100% adherence to USG Regulatory Guidelines
	Cost	Formal Technology Readiness Assessment (TRA) at MS B for MDAP
Develop Medical Products and Support Systems	Schedule	Attainment of a maturity level that is equivalent of TRL 8. MS C review for all medical products/systems
	Relevant	100% alignment to capability gap derived by JCIDS process or equivalent
	Quality	100% Scientific peer review and programmatic review; 100% adherence to USG Regulatory Guidelines
	Cost	100% formal TRA at MS C for MDAP

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APPENDIX C: GLOSSARY

Part I. Acronyms

ARRA	American Recovery and Reinvestment Act of 2009
ASD (HA)	Assistant Secretary of Defense (Health Affairs)
BPR	Business Process Reengineering
BRAC	Base Realignment and Closure
CBA	Capabilities-Based Assessment
CCDR	Combatant Commander
CCJO	Capstone Concept for Joint Operations
CJCS	Chairman of the Joint Chiefs of Staff
CONOPS	Concept of Operations
CS	Civil Support
DepSecDef	Deputy Secretary of Defense
DHP	Defense Health Program
DISR	DoD Information Technology Standards and Profile Registry
DoD	Department of Defense
DODD	Department of Defense Directive
DOTMLPF	Doctrine, Organization, Training, Materiel, Leadership and Education, Personnel and Facilities
FHP	Force Health Protection
FP	Force Protection
GiG	Global Information Grid
HIPAA	The Health Insurance Portability and Accountability Act
HD	Homeland Defense
HITECH	Health Information Technology for Economic and Clinical Health Act
HR	Health Readiness
HSD	Health Service Delivery
HSS	Health System Support
ICD	Initial Capabilities Document
IGO	International/Agency Government Organization
IM/IT	Information Management/Information Technology
IT	Information Technology
JCA	Joint Capabilities Area
JCIDS	Joint Capabilities Integration and Development System
JFC	Joint Functional Concept
JFHP	Joint Force Health Protection
JP	Joint Publication
JOA	Joint Operations Area
JOC	Joint Operating Concept
JOE	Joint Operational Environment
JOpsC	Refers to the Family of Joint Operations Concepts
JTF	Joint Task Force
JTF CapMed	Joint Task Force National Capital Region Medical

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MHS	Military Health System
MHS-OT	Military Health System Office of Transformation
MILCON	Military Construction
MilPers	Military Personnel
NDAA	National Defense Authorization Act
NGO	Non-Governmental Organization
OCO	Overseas Contingency Operations
PHR	Personal Health Record
POM	Program Objective Memorandum
QDR	Quadrennial Defense Review
RMSC	Resource Management Steering Committee
ROMO	Range of Military Operations
SAMMC	San Antonio Medical Center
SECDEF	Secretary of Defense
SME	Subject Matter Expert
SMMAC	Senior Military Medical Advisory Council
TMA	TRICARE Management Activity
VA	Department of Veterans Affairs
WMD	Weapons of Mass Destruction

Part II. Glossary

Capability. The ability to execute a specified course of action. (A capability may or may not be accompanied by an intention.) (JP 1-02.) It is defined by an operational user and expressed in broad operational terms in the format of an initial capabilities document or a DOTMLPF change recommendation. Also called capabilities.

Capstone Concept for Joint Operations. The overarching concept of the Joint Operational Concepts family of documents that guides the development of future joint capabilities. It applies to operations worldwide conducted unilaterally or in conjunction with multinational military partners and other government and non-government agencies.

Casualty. Any person who is lost to the organization by having been declared dead, duty status—whereabouts unknown, missing, ill, or injured. (JP 1-02.) See also Casualty Category; Casualty Status; Casualty Type; Duty Status—Whereabouts Unknown; Hostile Casualty; Non-Hostile Casualty.

Combatant Command. A unified or specified command with a broad continuing mission under a single commander established and so designated by the President, through the Secretary of Defense, and with the advice and assistance of the Chairman of the Joint Chiefs of Staff. Combatant commands typically have geographic or functional responsibilities. (JP 1-02)

Combatant Commander. A commander of one of the unified or specified combatant commands established by the President. Also called CCDR. (JP 1-02)

Concept. A notion or statement of an idea; an expression of how something might be done. See Joint Concept. (Source: JFHP CONOPS)

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Effect. (1) The physical or behavioral state of a system that results from an action, a set of actions, or another effect. (2) The result, outcome, or consequence of an action. (3) A change to a condition, behavior, or degree of freedom. (JP 3-0)

Evacuation. (1) Removal of a patient by any of a variety of transport means (air, ground, rail, or sea) from a theater of military operation, or between health service support capabilities, for the purpose of preventing further illness or injury, providing additional care, or providing disposition of patients from the military health care system. (2) The clearance of personnel, animals, or materiel from a given locality. (3) The controlled process of collecting, classifying, and shipping unserviceable or abandoned materiel, US or foreign, to appropriate reclamation, maintenance, technical intelligence, or disposal facilities. (4) The ordered or authorized departure of noncombatants from a specific area by the Department of State, DoD, or appropriate military commander. This refers to the movement from one area to another in the same or different countries. The evacuation is caused by unusual or emergency circumstances and applies equally to command or non-command sponsored family members. See also Evacuee; Noncombatant Evacuation Operations. (JP 4-02)

Force Health Protection. Joint health care capabilities and measures to promote, improve, conserve and restore the mental and physical wellbeing of deployed forces. FHP includes preventive, protective, restorative and rehabilitative medical and dental care for injuries and illnesses from health hazards and threats within a Joint Operational Area (JOA). FHP activities sustain a healthy and fit force, and include all measures taken by commanders, supervisors, individual service members, as well as the Military Health System (MHS) to support all beneficiaries and ensure the success of joint warfighters across the range of military operations. FHP activities are enabled by the integration of Health Service Delivery (HSD) and Health System Support (HSS) capabilities as applied to expeditionary task force operations. (See also HSD and HSS)

Health Readiness. The ability to enhance joint health system support capabilities, improving health service delivery capabilities, and creating joint organizational and process relationships to control and synchronize service medical capabilities.

Health Service Delivery. The ability to provide acute or long-term primary or specialty care capabilities to all eligible beneficiaries outside the theater in either the direct or purchased care system.

Health System Support. The ability to perform health care administrative and support related functions to sustain and continuously improve MHS mission effectiveness through focused development of people, technology, infrastructure, and joint organizational culture.

Health Surveillance. The regular or repeated collection, analysis, and interpretation of health-related data and the dissemination of information to monitor the health of a population and to identify potential risks to health, thereby enabling timely interventions to prevent, treat, or control disease and injury. It includes occupational and environmental health surveillance and medical surveillance. (JP 4-02 and approved for next edition of JP 1-02.)

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Homeland Defense. The protection of United States sovereignty, territory, domestic population, and critical infrastructure against external threats and aggression or other threats as directed by the President. Also called HD. (JP 3-0)

Hospital. A medical treatment facility capable of providing inpatient care. It is appropriately staffed and equipped to provide diagnostic and therapeutic services, as well as the necessary supporting services required to perform its assigned mission and functions. A hospital may, in addition, discharge the functions of a clinic. (JP 1-02)

Humanitarian and Civic Assistance. Assistance to the local populace provided by predominantly US forces in conjunction with military operations and exercises. This assistance is specifically authorized by title 10, USC, section 401, and funded under separate authorities. Assistance provided under these provisions is limited to (1) medical, dental, and veterinary care provided in rural areas of a country; (2) construction of rudimentary surface transportation systems; (3) well drilling and construction of basic sanitation facilities; and (4) rudimentary construction and repair of public facilities. Assistance must fulfill unit training requirements that incidentally create humanitarian benefit to the local populace. Also called HCA. See also Foreign Humanitarian Assistance. (JP 3-05.1)

Humanitarian Assistance. Programs conducted to relieve or reduce the results of natural or manmade disasters or other endemic conditions (e.g., human pain, disease, hunger, or privation) that might present a serious threat to life or that could result in great damage to or loss of property. Derived from Foreign Humanitarian Assistance (FHA) (JP 3-05.1) See also Humanitarian and Civic Assistance (JP 1-02, JP 3-07.6)

Interchangeable. The ability of systems, units, or forces to replace like systems, units, or forces that possess common capabilities and like characteristics to fulfill relevant requirements without causing unacceptable performance degradations when exchanged. (Definitions for the purpose of HR CONOPS)

Interdependent. A service's purposeful reliance on another service's capabilities to maximize complementary and reinforcing effects, while minimizing relative vulnerabilities to achieve mission requirements of the Joint Force Commander. (Definitions for the purpose of HR CONOPS)

Interoperability. (1) The ability to operate in synergy in the execution of assigned tasks. (JP 1-02) (2) The ability of systems, units, or forces to provide data, information, materiel and services to, and accept the same from, other systems, units, or forces and use the data, information, materiel, and services so exchanged to enable them to operate together effectively. (Manual for Operation of the Joint Capabilities Integration and Development System, February 2009 (Updated 31 July 2009)) (3) The degree of interoperability should be defined when referring to specific cases. (JP 3-32)

Joint. Connotes activities, operations, organization, etc., in which elements of two or more military departments participate. (JP 0-2)

Joint Concept. Links strategic guidance to the development and employment of future joint force capabilities and serve as "engines for transformation" that may ultimately lead

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to doctrine, organization, training, materiel, leadership and education, personnel and facilities (DOTMLPF) and policy changes (This term and its definition modify the existing term and its definition and are approved for inclusion in JP1-02. Source CJCSI 3010.02). (CJCSI 5120.02)

Joint Force. A general term applied to a force composed of significant elements, assigned or attached, of two or more military departments, operating under a single Joint Force Commander. (JP 1-02)

Joint Functional Concept. An articulation of how a future Joint Force Commander will integrate a set of related military tasks to attain capabilities required across the range of military operations. Although broadly described within the joint operations concepts, they derive specific context from the joint operating concepts and promote common attributes in sufficient detail to conduct experimentation and measure effectiveness. Also called JFC. Per CJCSI 3010.02B, a JFC is one of a series of concept documents that apply elements of the CCJO solution to describe how the joint force, 8 to 20 years into the future, will perform an enduring military function across the four basic categories of military activity. It identifies the operational-level capabilities required and the key attributes necessary to compare capability or solution alternatives. (Note: JFC also is the JP 1-02 acronym for Joint Force Commander; however, but to avoid confusion with joint functional concepts documents referenced throughout this concept document, only the term “joint commander” is used.)

Materiel. Equipment and supplies in military and commercial supply chain management. In a military context, materiel relates to the specific needs of a force to complete a specific mission.

Military Health System (MHS). A health system that supports the military mission by fostering, protecting, sustaining, and restoring health. It also provides the direction, resources, health care providers, and other means necessary for promoting the health of the beneficiary population. These include developing and promoting health awareness issues to educate customers, discovering and mitigating environmentally based health threats, providing health services, including preventive care and problem intervention, and improving the means and methods for maintaining the health of the beneficiary population by constantly evaluating the performance of the health care services system. (JP 4-02 and approved for next edition of JP 1-02.)

Multinational. Between two or more forces or agencies of two or more nations or coalition partners. See also Alliance; Coalition. (JP 5-0)

Patient. A sick, injured, wounded, or other person requiring medical/dental care or treatment. (JP 1-02)

Preventive Medicine. The anticipation, communication, prediction, identification, prevention, education, health risk assessment, and control of communicable diseases, illnesses and exposure to endemic, occupational, and environmental threats. These threats include non-battle injuries, combat stress responses, WMD, and other threats to the health and readiness of military personnel. Communicable diseases include arthropod-, vector-,

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food-, waste-, and waterborne diseases. Preventive medicine measures include field sanitation, medical surveillance, pest and vector control, disease/health risk assessment, environmental and occupational health surveillance, waste (e.g., human, hazardous, and medical) disposal, food safety inspection, and potable water surveillance. Also called PVNTMED. (JP 4-02)

Quality Assurance. Planned and systematic production processes that provide confidence in a product's suitability for its intended purpose.

Risk Management. The process of identifying, assessing, and controlling risks arising from operational factors and making decisions that balance risk cost with mission benefits. Also called RM. See Risk. (JP 3-0)

Seriously Wounded. A casualty whose injuries or illness are of such severity that the patient is rendered unable to walk or sit, thereby requiring a litter for movement and evacuation. (JP 1-02)

Slightly Wounded. A casualty whose injuries or illness are relatively minor, permitting the patient to walk and/or sit. (JP 1-02)

Standardization. The process by which the DoD achieves the closest practicable cooperation among the services and DoD agencies for the most efficient use of research, development, and production resources, and agrees to adopt on the broadest possible basis the use of a (1) common or compatible operational, administrative, and logistic procedures; (2) common or compatible technical procedures and criteria; (3) common, compatible, or interchangeable supplies, components, weapons, or equipment; and (d) common or compatible tactical doctrine with corresponding organizational compatibility. (JP 4-02)

Total Asset Visibility. The capability to provide users with timely and accurate information on the location, movement, status, and identity of units, personnel, equipment, materiel, and supplies. It also includes the capability to act on that information to improve overall performance of DoD's logistic practices. Also called TAV. See also Automated Identification Technology; In-Transit Visibility; Joint Total Asset Visibility. (JP 4-01.8)

Technology Readiness Assessment (TRA). A formal, systematic, metrics based process and accompanying report that assesses the maturity of critical hardware and software technologies to be used in systems. It is conducted by an Independent Review Team (IRT) of subject matter experts (SMEs). (Department of Defense Technology Readiness Assessment (TRA) Deskbook July 2009)

Technology Readiness Levels (TRL). A set of nine graded definitions/descriptions of stages of technology maturity. The primary purpose of TRLs is to help management make decisions concerning the development and transition of technology. (Department of Defense Technology Readiness Assessment (TRA) Deskbook July 2009)

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Wounded. See Seriously Wounded; Slightly Wounded. (JP 1-02)

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